

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**  
 03-29-2002 90798 028 \*\*\*150.00

**DOCUMENT # F93000002288**

**1. Entity Name**  
**FREEDOM HOME MORTGAGE CORPORATION**

**Principal Place of Business**

**1000 ATRIUM WAY  
 SUITE 300  
 MOUNT LAUREL NJ 08054**

**Mailing Address**

**1288 ROUTE 73 SOUTH  
 MT. LAUREL NJ 08054**

**2. Principal Place of Business**

**3. Mailing Address**

**1000 Atrium way, Suite 300**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Mt. Laurel, NJ**

**4. FEI Number**

**22-3039688**

Applied For

Not Applicable

Zip

Country

Zip

**08054**

Country

**Burlington**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATED SERVICES COMPANY  
 1201 HAYS ST  
 SUITE 105  
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MIDDLEMAN, STANLEY C 1288 ROUTE 73 SOUTH MT. LAUREL NJ 08054</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV HEFFERON, DANIEL 1288 ROUTE 73 SOUTH MT. LAUREL NJ 08054</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1000 Atrium way, Suite 300 mt. Laurel NJ 08054</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1000 Atrium way, Suite 300 mt Laurel NJ 08054</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Daniel Heffron 1000 Atrium way, Suite 300 mt. Laurel, NJ 08054</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stanley Niddleman**

Date

Daytime Phone #

**(856) 231-9800**

CR2E034 (9/01)

  
**Freedom Mortgage**

*Attachment*

March 14, 2002

*#F9300002288*  
*613023*

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Freedom Home Mortgage Corporation  
2002 Uniform Business Report

Dear Sir or Madam:

Enclosed please find a completed Florida Uniform Business Report for Freedom Home Mortgage Corporation along with our check for the applicable filing fee in the amount of \$150.00.

Should you have any questions or concerns, please contact me at (856) 231-9800 x.4332.

Sincerely,

*Tina Burke*

Tina Burke  
Compliance