

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 16, 2001 8:00 am**
Secretary of State

05-16-2001 90262 023 ***550.00

DOCUMENT # F93000003982

1. Entity Name

SECURITY MORTGAGE, INC.

Principal Place of Business

**31 TEATICKET HIGHWAY
EAST FALMOUTH MA 02536**

Mailing Address

**31 TEATICKET HIGHWAY
EAST FALMOUTH MA 02536**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3068643

Applied For

Not Applicable

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

**SCHWARTZ, FRANK H
234 WEST CHURCH ST.
LONGWOOD FL 32750**

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, 2001 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
**DCVC
PENA, ROBERT
77 JOHN PARKER ROAD
EAST FALMOUTH MA 02536** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**854 West Falmouth Hwy
West Falmouth, MA 02574** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVPS
PENA, ROBERT
77 JOHN PARKER ROAD
EAST FALMOUTH MS 02536** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**854 West Falmouth Hwy
West Falmouth, MA 02574** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MONIZ-DONALD-G
35 HILLCREST DR.
FALMOUTH MA 02540** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Pena, Robert
854 West Falmouth Hwy
West Falmouth, MA 02574** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

Robert Pena

Date

5/4/2001

Daytime Phone #

CR2E034 (10/00)