

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90170 002 ***150.00

DOCUMENT # F95000004092

1. Entity Name
CRESCENT MORTGAGE SERVICES, INC.



Principal Place of Business
**115 PERIMETER CENTER PLACE
SUITE 285
ATLANTA GA 30346**

Mailing Address
**115 PERIMETER CENTER PLACE
SUITE 285
ATLANTA GA 30346**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2173859**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KENKNIGHT, ROBERT C	
STREET ADDRESS	115 PERIMETER CENTER PLACE., STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOGGUS, J. DONALD	
STREET ADDRESS	115 PERIMETER CENTER PLACE., STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEDDY, MICHAEL P	
STREET ADDRESS	115 PERIMETER CENTER PLACE., STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANTHONY, PATRICIA J	
STREET ADDRESS	115 PERIMETER CENTER PLACE., STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAPELLO, JOHN	
STREET ADDRESS	THE MILL TOWER, 300 BEDFORD ST	
CITY-ST-ZIP	MANCHESTER NH 03101	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOWLER, WILLIAM	
STREET ADDRESS	115 PERIMETER CENTER PL STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY BYERS	
STREET ADDRESS	115 PERIMETER CENTER PLACE, STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM FOWLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

1800 851-0263

Date

Daytime Phone #

CR2E034 (10/02)