

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000000911** ✓

1. Entity Name
First Financial Mortgage Services, Inc.

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90022 029 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business
3525 Holcomb Bridge Road
Suite, Apt. #, etc. **Suite 2A**
City & State **Norcross GA**
Zip **30092** Country **USA**

3. Mailing Address
3525 Holcomb Bridge Road
Suite, Apt. #, etc. **Suite 2A**
City & State **Norcross GA**
Zip **30092** Country **USA**

8-25720

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T Corporation System
1200 South Pine Island Road
Plantation FL 33324

4. FEI Number **58-2018861** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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

TITLE	President	<input type="checkbox"/> Delete
NAME	Paul Klonga	
STREET ADDRESS	3525 Holcomb Bridge Road, Suite 2A	
CITY-ST-ZIP	Norcross GA 30092	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Barbara Magill Klonga	
STREET ADDRESS	3525 Holcomb Bridge Road, Suite 2A	
CITY-ST-ZIP	Norcross GA 30092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Paul Klonga** **3/13/00** **770-449-4663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)