

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90123 017 ***150.00

DOCUMENT # F97000000774

1. Entity Name
WINDSOR CAPITAL MORTGAGE CORPORATION

Principal Place of Business

**169 SAXONY RD
 STE 213
 ENCINITAS CA 92024
 US**

Mailing Address

**169 SAXONY RD
 STE 213
 ENCINITAS CA 92024
 US**

2. Principal Place of Business

169 Saxony Road

**Suite, Apt. #, etc.
 Suite 115**

**City & State
 Encinitas, CA**

**Zip Country
 92024 USA**

3. Mailing Address

169 Saxony Road

**Suite, Apt. #, etc.
 Suite 115**

**City & State
 Encinitas, CA**

**Zip Country
 92024 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0378115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATION
 236 EAST 6TH AVENUE
 TALLAHASSEE FL 32303**

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 N/A

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.**

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

11. OFFICERS AND DIRECTORS

TITLE DPT
NAME THRANE, FREDERIC W JR
STREET ADDRESS 169 SAXONY RD STE 213
CITY-ST-ZIP ENCINITAS CA 92024

☐ Delete

TITLE VPB
NAME BAR-LEV, NAOMI Yael
STREET ADDRESS 169 SAXONY RD STE 213
CITY-ST-ZIP ENCINITAS CA 92024

☐ Delete

TITLE S
NAME DELGADO, ROBERT E
STREET ADDRESS 169 SAXONY RD STE 213
CITY-ST-ZIP ENCINITAS CA 92024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 169 Saxony Road, Suite 115
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 169 Saxony Road, Suite 115
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02

Date

760-632-5000

Daytime Phone #

CR2E034 (9/01)