

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90076 038 ***150.00

DOCUMENT # F97000000774

1. Entity Name

WINDSOR CAPITAL MORTGAGE CORPORATION



Principal Place of Business

169 SAXONY RD

STE 115

ENCINITAS CA 92024

US

Mailing Address

169 SAXONY RD

STE 115

ENCINITAS CA 92024

US

2. Principal Place of Business

169 SAXONY ROAD 115

3. Mailing Address

169 SAXONY ROAD

Suite, Apt. #, etc.

SUITE 115

Suite, Apt. #, etc.

SUITE 115

City & State

ENCINITAS, CA

City & State

ENCINITAS, CA

Zip

92024

Country

USA

Zip

92024

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

N/A

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 **OPT** ☐ Delete
NAME **THRANE, FREDERIC W JR**
STREET ADDRESS **169 SAXONY RD STE 115**
CITY-ST-ZIP **ENCINITAS CA 92024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPB** ☐ Delete
NAME **BAR-LEV, NAOMI Yael**
STREET ADDRESS **169 SAXONY RD STE 115**
CITY-ST-ZIP **ENCINITAS CA 92024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DELGADO, ROBERT E**
STREET ADDRESS **169 SAXONY RD STE 115**
CITY-ST-ZIP **ENCINITAS CA 92024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)