

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001374

1. Entity Name

WESTERN HOME MORTGAGE CORPORATION

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90079 004 ***150.00

Principal Place of Business

Mailing Address

17320 REDHILL AVE
STE. 300
IRVINE CA 92614
US

17320 REDHILL AVE
STE. 300
IRVINE CA 92614
US

2. Principal Place of Business

3. Mailing Address

17310 Red Hill Ave

17310 Red Hill Ave

Suite, Apt. #, etc

Suite, Apt. #, etc

Suite 135

Suite 135

City & State

City & State

Irvine CA

Irvine CA

Zip

Country

Zip

Country

92614

92614

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINN, TIM
7227 YARDLEY WAY
TAMPA FL 33647

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 CPST
NAME DUGAN, THOMAS
STREET ADDRESS 12 BOARDWALK
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)