

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001459

1. Entity Name
SOUTH CENTRAL MORTGAGE, INC.

Principal Place of Business
5740 PROSPECT AVE
#1000
DALLAS TX 75206

Mailing Address
5740 PROSPECT AVE
#1000
DALLAS TX 75206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-2277331

Applied For
Not Applicable

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

HOLLIS, JIM
OCEANVIEW CENTRE
476 HIGHWAY A1A, SUITE 3B
SATELLITE BEACH FL 32937

Name
HOLLIS, JIM
Street Address (P.O. Box Number is Not Acceptable)
497 TURTLE CIRCLE
City
SATELLITE BEACH FL Zip Code
32937

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
ETTER, TODD
5740 PROSPECT AVE., #1000
DALLAS TX 75206 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TV
NUGENT, DEBORAH
5740 PROSPECT AVE., #1000
DALLAS TX 75206 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LINGER, LINDA
5740 PROSPECT AVE., #1000
DALLAS TX 75206 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-2001

214-237-3300

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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AT

CR2E034 (5/01)