

3/29/02-90798-030-\$150.00-\$150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001727**

1. Entity Name

BARON MORTGAGE CORPORATION

Principal Place of Business

285 ESSEX ST.
SALEM MA 01970

Mailing Address

285 ESSEX ST.
SALEM MA 01970

2. Principal Place of Business

2. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip¹

Country

Zip

Country

4. FEI Number

04-3107689

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, DAVID
1331 E. LAFAYETTE STREET, STE C
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Florida Compliance Specialists, Inc.Street Address
2331 Hansen Place

City TALLAHASSEE FL Zip Code 32301

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.

Dave Taylor President

4/9/02

(NOTE: Registered Agent signature required when relocating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DOGE, ALEX 265 ESSEX ST. SALEM MA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOGE, PATRICIA 265 ESSEX ST. SALEM MA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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)(f), 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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DOGE

1/1/02 978-744-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2ED34 (9/01)