

# 2001 UNIFORM-BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90137 025 \*\*\*150.00

**DOCUMENT # F98000007089**

1. Entity Name

**PINE STATE MORTGAGE CORPORATION**

Principal Place of Business

**6065 ROSWELL RD., STE. 120  
ATLANTA GA 30328**

Mailing Address

**6065 ROSWELL RD., STE. 120  
ATLANTA GA 30328**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-1932034**

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

**MCDUFFIE & JONES INVESTIGATIONS  
1715 STICKNEY POINT RD. B-5  
SARASOTA FL 34231**

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 **S** ☐ Delete  
NAME **MOTLEY, JEANNE**  
STREET ADDRESS **11820 MOUNTAIN LAUREL DR.**  
CITY-ST-ZIP **ROSWELL GA 30075**

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

TITLE **CEOP** ☐ Delete  
NAME **MOTLEY, ROBERT H**  
STREET ADDRESS **11820 MOUNTAIN LAUREL DR.**  
CITY-ST-ZIP **ROSWELL GA 30075**

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

TITLE **V** ☐ Delete  
NAME **WOOD, WILLIAM F**  
STREET ADDRESS **115 MAJOR CT.**  
CITY-ST-ZIP **ROSWELL GA 30076**

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

TITLE **C** ☐ Delete  
NAME **JABLONSKI, ROBERT**  
STREET ADDRESS **1276 MONROE DRI**  
CITY-ST-ZIP **ALTANTA GA 30301**

TITLE ☒ Change ☐ Addition  
NAME **Robert Jablonsky**  
STREET ADDRESS **1276 Monroe Dr.**  
CITY-ST-ZIP **Atlanta GA 30301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

4-30-01

404-252-5272

Daytime Phone #

CR2E034 (10/00)