

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91182 048 ***150.00

0421678 AV

DOCUMENT # F99000002567

1. Entity Name
EAGLE MORTGAGE FINANCIAL SERVICES, INC.



Principal Place of Business
**4301 MARRIS STREET
NEW ORLEANS LA 70117**

Mailing Address
**7540 S FEDERAL HIGHWAY STE 104
HYPOLUXO FL 33462**

60031101



2. Principal Place of Business

3. Mailing Address

2324 S. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2F

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

West Palm Bch, FL

4. FEI Number

72-1437934

Applied For

Not Applicable

Zip

Country

Zip

Country

33404

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

GILMORE, NORINE

**7540 S. FEDERAL HWY STE 104
HYPOLUXO FL 33462**

Name

Norine Gilmore

Street Address (P.O. Box Number is Not Acceptable)

2324 S. Congress Avenue

2F

City

West Palm Bch

FL

Zip Code

33404

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

X Norine Gilmore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

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 NAME STREET ADDRESS CITY-ST-ZIP	CPT GILMORE, NORINE 6009 TRIPHAMMER RD LAKE WORTH FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Norine Gilmore*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

561-588-6262

Daytime Phone #

CR2E034 (10/02)