

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000005595**

1. Entity Name  
**FIRST RESIDENTIAL MORTGAGE NETWORK, INC.**

Principal Place of Business 8381 DIX ELLIS TRAIL STE 111 JACKSONVILLE FL 32256	Mailing Address 7982 NEW LAGRANGE RD. #6 LOUISVILLE KY 40222
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2. Principal Place of Business 8375 DIX ELLIS TRAIL	3. Mailing Address
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Suite, Apt. #, etc. STE 105	Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State
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Zip 32256	Country	Zip	Country
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4. FEI Number <b>61-1280946</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**WEISS GARY**  
**140 COMMODORE DR.**

**JUPITER FL 33477**  
**US**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE **01/22/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS POHN SAUL L <input type="checkbox"/> Delete 7982 NEW LAGRANGE RD. #6 LOUISVILLE KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MILLER ARNOLD B <input type="checkbox"/> Delete 7982 NEW LAGRANGE RD. #6 LOUISVILLE KY 40222
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS POHN JORDAN S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7982 NEW LAGRANGE RD. #6 LOUISVILLE KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP POHN SAUL L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7982 NEW LAGRANGE RD. #6 LOUISVILLE KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE: Saul L. Pohn** CP Date **01/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/00)