

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G71964

FILED  
May 28, 2002 8:00 AM  
Secretary of State

Entity Name: ALLEN C. EWING MORTGAGE AND REALTY, INC.

**Current Principal Place of Business:**

50 N. LAURA STREET  
SUITE 3625  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2917  
PONTE VEDRA BEACH, FL 32004 US

**New Mailing Address:**

3652 SOUTH THIRD STREET  
SUITE 200  
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-2360541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BISHOP, BEJAMIN C.  
50 N LAURA STREET SUITE 3625  
SUITE 2100  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CDP ( ) Delete  
Name: BISHOP, BENJAMIN C  
Address: 50 N. LAURA ST., SUITE 3625  
City-St-Zip: JACKSONVILLE, FL 32202

Title: AS ( ) Delete  
Name: ANDERSON, SHAARON  
Address: 50 N. LAURA ST., SUITE 3625  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T ( ) Delete  
Name: WALLACE, MICHAEL J  
Address: 3652 SOUTH THIRD STREET, SUITE 200  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J WALLACE

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05/28/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date