## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # H63760** 1. Entity Name FIRST SOUTHERN MORTGAGE OF CENTRAL FLORIDA, INC. 03-08-2001 90107 035 \*\*\*150.00 Principal Place of Business Mailing Address 150 FORTENBERRY RD 150 FORTENBERRY RD STE C STE C MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2580580 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOUGEROUSSE, PHILIP 411 PALM SPRINGS BOULEVARD S-101B INDIAN HARBOUR BCH FL 32937 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Prisident Secret Arm Delete TITLE EASTLING , WILLIAM D. NAME NAME STREET ADDRESS 150 FORTENBERRY CT., STE C STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP Merry+ Island X Delete TITLE ☐ Addition EASTLING, SUZANNE S. NAME NAME STREET ADDRESS 150 FORTENBERRY RD., STE C STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

SIGNATURE: Mull DE WILLIAM DE EASTING 3/0/01 321-459-350

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.