

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90150 007 ***150.00

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DOCUMENT # J39064

1. Entity Name

CELTIC MORTGAGE, INC.



Principal Place of Business

**5849 OKEECHOBEE BLVD
201
WEST PALM BEACH FL 33417
US**

Mailing Address

**5849 OKEECHOBEE BLVD
201
WEST PALM BEACH FL 33417
US**

2. Principal Place of Business

**721 US HIGHWAY 1 STE 205
Suite, Apt. #, etc.**

3. Mailing Address

**721 US HIGHWAY 1 STE 205
Suite, Apt. #, etc.
205**

City & State

NORTH Palm Beach

City & State

NORTH Palm Beach

Zip

33408

Country

Zip

33408

Country

4. FEI Number

59-2748075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MACKLIN, KEVIN
5849 OKEECHOBEE BLVD
201
WEST PALM BEACH FL 33417**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kevin Macklin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MACKLIN, KEVIN	
STREET ADDRESS	5849 OKEECHOBEE BLVD STE 201	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	GAY MACKLIN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN MACKLIN	
STREET ADDRESS	721 US HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FLORIDA 33408	
TITLE	SEC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY MACKLIN	
STREET ADDRESS	721 US HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kevin Macklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2003

Date

Daytime Phone #

CR2E034 (10/02)