

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90056 044 ***150.00

0063982
 AV

DOCUMENT # J58402

1. Entity Name

GAINESVILLE MORTGAGE COMPANY, INC.

Principal Place of Business

Mailing Address

**2622 NW 43RD STREET
 STE A-1
 GAINESVILLE FL 32606
 US**

**3720 NW 43 ST SUITE 105
 PO BOX 90039
 GAINESVILLE FL 32607
 US**



2. Principal Place of Business

3. Mailing Address

P.O. BOX 90039

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(DELETE STREET ADDRESS 3720)

City & State

City & State

GAINESVILLE, FL.

Zip

Country

Zip

Country

32607

USA

4. FEI Number

59-2788059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLOFSSON, VICKI S

2622 NW 43RD STREET STE A-1

GAINESVILLE FL 32606

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

N/A

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	OLOFSSON, VICKI S	
STREET ADDRESS	3720 NW 43 ST SUITE 105	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLOFSSON, OLOF	
STREET ADDRESS	3720 NW 43 ST, STE 105	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SAVP	<input type="checkbox"/> Delete
NAME	PARKER, THOMAS W	
STREET ADDRESS	3720 NW 43 SUITE 105	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWART, RONA	
STREET ADDRESS	3720 NW 43RD ST SUITE 105	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOSS, JACQUELINE A	
STREET ADDRESS	3720 NW 43RD ST SUITE 105	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, HAROLD	
STREET ADDRESS	134 E CALL STREET	
CITY-ST-ZIP	STARKE FL 32091	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2622 NW 43 St. Suite A-1
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2622 NW 43 St. Suite A-1
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2622 NW 43 St. Suite A-1
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	2622 NW 43 St. Suite A-1
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TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2622 NW 43 St. Suite A-1
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Vicki S. Olofsson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vicki S. Olofsson, President

4/15/02

Date

352-376-5517

Daytime Phone #

CR2E034 (9/01)