

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90161 012 ***193.75

DOCUMENT # J82131

1. Entity Name
LAKELAND REGIONAL MORTGAGE CORPORATION



Principal Place of Business
4310 S FLORIDA AVE
LAKELAND FL 33813
US

Mailing Address
4310 S FLORIDA AVE
LAKELAND FL 33813
US

90007937



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2821220

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required (5)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAKELAND REGIONAL MORTGAGE CORP
4310 S FLORIDA AVE
LAKELAND FL 33813

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BERRY, WILLIAM C**
STREET ADDRESS **4310 S FLORIDA AVE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **BERRY, PATRICIA A**
STREET ADDRESS **4310 S FLORIDA AVE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C BERRY, PRESIDENT 1/15/03 (863)682-2106

Date

Daytime Phone #

CR2E034 (10/02)



Attachment 90007937
#J82131
**Lakeland
Regional
Mortgage**

WWW.LRMORTGAGE.COM

January 16, 2003

Florida Dept of State
P O Box 1500
Tallahassee FL 32302

Re: 59-2821220

To Whom It May Concern:

Please provide five (5) original certificates of status. I have included \$43.75 in our check #30913 with our annual fee of \$150.00.

Thank you,

Judy O'Connell
Accounting

JO/
Enclosure