

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90140 044 ***158.75

DOCUMENT # K02469

1. Entity Name

UNITED SECURITY MORTGAGE COMPANY, INC.

Principal Place of Business

**101 S WYMORE RD STE 2000
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**3596 ULMERTON RD. STE 210
CLEARWATER FL 33762**

2. Principal Place of Business

3. Mailing Address

3696 Ulmerton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

33762

4. FEI Number

59-2859024

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAYNE D. SCHNEIDERHAN
3696 ULMERTON RD
SUITE 210
CLEARWATER FL 33762**

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

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 **PVT** ☐ Delete
NAME **SCHNEIDERHAN, WAYNE**
STREET ADDRESS **701 TALLAHASSEE DR NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **PVT** ☒ Change ☐ Addition
NAME **SCHNEIDERHAN, WAYNE**
STREET ADDRESS **3696 ULMERTON RD, SUITE 210**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

727-571-3200

Daytime Phone #

CR2E034 (9/01)