

2001 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 18, 2001 8:00 am
Secretary of State

04-25-2001 90064 018 ****61.25
 05-18-2001 91569 036 ****88.75

DOCUMENT # K92857

1. Entity Name

L.T.D. MORTGAGE, INC.

Principal Place of Business

Mailing Address

**130 HAMMOCK RD
 ANNA MARIA FL 34216
 US**

**P.O. BOX 960
 ANNA MARIA FL 34216
 US**

768065

2. Principal Place of Business

3. Mailing Address

**502 72ND ST.
 Suite, Apt. #, etc.**

**502 72ND ST.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Holmes BEACH FL

City & State

Holmes BEACH FL

4. FEI Number **65-0132072**

Applied For

Not Applicable

Zip

34217

Country

Manatee

Zip

34217

Country

Manatee

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, LINDA G.
 130 HAMMOCK RD.
 ANNA MARIA FL 34216**

Name

DAVIS, LINDA G.

Street Address (P.O. Box Number is Not Acceptable)

502 72ND ST.

City

HOLMES BEACH

FL

Zip Code

34217

7. Name and Address of New Registered Agent

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

Linda G. Davis
LINDA G. DAVIS, PRESIDENT

4/20/01

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, LINDA G.	
STREET ADDRESS	130 HAMMOCK RD.	
CITY-ST-ZIP	ANNA MARIA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, TED E.	
STREET ADDRESS	130 HAMMOCK RD.	
CITY-ST-ZIP	ANNA MARIA FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA G. DAVIS	
STREET ADDRESS	502 72ND ST.	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TED E. DAVIS	
STREET ADDRESS	502 72ND ST.	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Linda G. Davis
LINDA G. DAVIS, PRES.

DATE

4/20/01

(941) 779-2113

Daytime Phone

CR2E034 (10/00)