

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013142

1. Entity Name

CENTURY MORTGAGE OF PENSACOLA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 10:58

Principal Place of Business

4906 OLD HIGHWAY 11, SUITE 1-A
HATTIESBURG MS 39402

Mailing Address

4906 OLD HIGHWAY 11, SUITE 1-A
HATTIESBURG MS 39402

2. Principal Place of Business

8 WOODSTONE PLAZA, SUITE 5

Suite, Apt. #, etc.

3. Mailing Address

8 WOODSTONE PLAZA, SUITE 5

Suite, Apt. #, etc.

City & State

Hattiesburg, MS

Zip

39402

Country

City & State

Hattiesburg MS

Zip

39402

Country

4. FEI Number

03-1249417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WALTER
413 VANCOUVER STREET
PENSACOLA FL 32502

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

9/17/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
Robert Boswell
6 Saint Landry Ave
Hattiesburg, MS 39402

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

9/17/01

601 796 1571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

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CR2E083 (5/01)

STAPLE CHECK HERE