

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 003 ****50.00

0075695

DOCUMENT # L01000002009

1. Entity Name

ABOUT-TOWNE MORTGAGE CO., L.L.C.



Principal Place of Business

**149 SAN MARCO
ST. AUGUSTINE FL 32084**

Mailing Address

**149 SAN MARCO
ST. AUGUSTINE FL 32084**

00001230

2. Principal Place of Business

**247 SAN MARCO AVE
F**

3. Mailing Address

**28 WATER ST
ST. 1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

City & State

ST. AUGUSTINE FL

Zip

32084

Country

USA

Zip

32084

Country

USA

4. FEI Number

59-3698998

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SHOFSTALL, WILLIAM G JR.
828 SQUIRE DR.
WEST PALM BEACH FL 33414**

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MERRITT, JAMES T
28 WATER ST
SAINT AUGUSTINE FL 32084**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GUFFAF, JOHN S
4250 NIA S C24
ST AUG. FL 32080**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**247 SAN MARCO AVE
SUITE F St. Aug. FL 32084**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

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☐ Addition

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: **Patricia A. Merritt**

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

4/30/03

Date

904 806-1076

Daytime Phone #

CR2E083 (10/02)