

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90290 004 ****55.00

DOCUMENT # L01000006945

1. Entity Name

ALAMAR MORTGAGE AND FINANCIAL SERVICES, L.L.C.

Principal Place of Business

1225 SALT CREEK DR.
 PONTE VEDRA BEACH FL 32082

Mailing Address

1225 SALT CREEK DR.
 PONTE VEDRA BEACH FL 32082

906893

2. Principal Place of Business

1855 Wells Rd.

3. Mailing Address

1225 Salt Creek Isl. Dr.

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Zip Country

Zip 32073

Country US

Zip

Country

4. FEI Number

59-3719402

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLAZIER & GLAZIER, P.A.
 8225 PERIMETER PARK BLVD., STE. 504
 JACKSONVILLE FL 32216

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, 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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: BROOKE DARBY BISHOP

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

1-14-02 904-982-7213

Date Daytime Phone #

CR2E083 (9/01)