

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90053 016 \*\*\*\*50.00

**DOCUMENT # L01000007403**

1. Entity Name

**MAXAMILLION MORTGAGE, LLC**



Principal Place of Business

**1457 BAYTOWNE AVE  
DESTIN FL 32550**

Mailing Address

**1457 BAYTOWNE AVE  
DESTIN FL 32541**

20007407

2. Principal Place of Business

**180 POINCIANA BLVD**

3. Mailing Address

**180 POINCIANA BLVD**

Suite, Apt. #, etc.

**SUITE 4**

Suite, Apt. #, etc.

**SUITE 4**

City & State

**DESTIN, FL**

City & State

**DESTIN, FL**

Zip

**32550**

Country

**FLORIDA**

Zip

**32550**

Country

**FLORIDA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**01-0592884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MASTERS, PAMELA R  
648 OCEAN SHORE BLVD.  
ORMOND BEACH FL 32176**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCOTHORN, STEWART D PRES  
1457 BAYTOWNE AVE E  
DESTIN FL 32550** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCOTHORN, STEWART D PRES  
180 POINCIANA BLVD  
DESTIN FL 32550** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCOTHORN, STEWART D PRES  
1457 BAYTOWNE AVE E  
DESTIN FL 32550** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCOTHORN, DONALD L. CEO  
180 POINCIANA BLVD  
DESTIN, FL 32550** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCOTHORN, STEWART D PRES  
1457 BAYTOWNE AVE E  
DESTIN FL 32550** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCOTHORN, STEWART D PRES  
1457 BAYTOWNE AVE E  
DESTIN FL 32550** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCOTHORN, STEWART D PRES  
1457 BAYTOWNE AVE E  
DESTIN FL 32550** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCOTHORN, STEWART D PRES  
1457 BAYTOWNE AVE E  
DESTIN FL 32550** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BLANTON, GLYNDA G VP  
1457 BAYTOWNE AVE E  
DESTIN FL 32550** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BLANTON, GLYNDA G. V.P  
180 POINCIANA BLVD  
DESTIN, FL 32550** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCOTHORN, STEWART D PRES  
1457 BAYTOWNE AVE E  
DESTIN FL 32550** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCOTHORN, STEWART D PRES  
1457 BAYTOWNE AVE E  
DESTIN FL 32550** ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)