

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90001 025 ****50.00

DOCUMENT # L01000009878



1. Entity Name
PREMIER MORTGAGE OF OCALA, LLC

Principal Place of Business
**2300 S. PINE AVENUE
OCALA FL 34471**

Mailing Address
**2300 S. PINE AVENUE
OCALA FL 34471**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3721389**

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

**TROW, CHESTER J
1 NE FIRST AVENUE, SUITE 303
OCALA FL 34470**

7. Name and Address of New Registered Agent

Name **NANCY J. DEICHMAN**
Street Address (P.O. Box Number is Not Acceptable)
2300 SOUTH PINE AVENUE
OCALA FL 34471
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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **LAROSS, CAROLYN**
STREET ADDRESS **2300 S. PINE AVENUE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **President** ☐ Delete
NAME **NANCY J. DEICHMAN**
STREET ADDRESS **2300 S. Pine Avenue**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **ROBERT R. DEICHMAN**
STREET ADDRESS **2300 S. Pine Avenue**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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]*

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

Date

Daytime Phone #

3/14/03

(352) 732-3222

CR2E083 (10/02)