

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000011262**

1. Entity Name

MORTGAGE BANKER OF CENTRAL FLORIDA, L.L.C.**FILED**
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90010 040 ****50.00

Principal Place of Business

**4065 N. LECANTO HWY., #300
BEVERLY HILLS FL 34465**

Mailing Address

**4065 N. LECANTO HWY., #300
BEVERLY HILLS FL 34465**

2. Principal Place of Business

2419 N. LECANTO HWY.
Suite, Apt. #, etc.

3. Mailing Address

2419 N. LECANTO HWY.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LECANTO, FL

City & State

LECANTO

4. FEI Number

593748126

Applied For

Not Applicable

Zip

34461

Country

CITRUS

Zip

34461

Country

CITRUS5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALL, KIM
4065 N. LECANTO HWY., #300
BEVERLY HILLS FL 34465**

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 **MGR** ☐ Delete
NAME **LAJEUNESSE-HALL, MARIE**
STREET ADDRESS **4065 N. LECANTO HWY., #300**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ 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: *Marie Lajeunesse-Hall*

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

Date

4-17-02

Daytime Phone #

**(352)
746 6652**

CR2E083 (9/01)