

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90017 038 \*\*\*150.00

**DOCUMENT # L01000021552**

1. Entity Name

**FIRST MORTGAGE BANKERS, L.L.C.**



Principal Place of Business

**3641 BONITA BAY BLVD  
#111  
BONITA SPRINGS FL 34134**

Mailing Address

**13250 OAK HILL LOOP SE  
FORT MYERS FL 33912**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**3641 Bonita Bay Blvd**

**#111**

**Bonita Springs FL**

**34134**

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0531333**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPENCE, SCOTT  
13250 OAK HILL LOOP SE  
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name **SPENCE, SCOTT**

Street Address (P.O. Box Number is Not Acceptable)

**3641 BONITA BAY BLVD #111**

City **BONITA SPRINGS**

**FL**

Zip Code

**34134**

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 **P** ☐ Delete

NAME **SPENCE, SCOTT**  
STREET ADDRESS **13250 OAK HILL LOOP SE 9947**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **V** ☐ Delete

NAME **PERSICILLI, ANTHONY**  
STREET ADDRESS **1375 JACKSON ST**  
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **P** ☒ Change ☐ Addition

NAME **SPENCE, M. SCOTT**  
STREET ADDRESS **9947 COLONIAL WALK NORTH**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

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

**01-20-03 (239) 949-3990**

Date

Daytime Phone #

CP2E083 (10/02)