

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90271 029 ****55.00

0063859

DOCUMENT # L02000026084

1. Entity Name
1ST CITIZEN MORTGAGE, LLC



Principal Place of Business

**349 FAREHAM DRIVE
VENICE FL 34293**

Mailing Address

**349 FAREHAM DRIVE
VENICE FL 34293
US**

2. Principal Place of Business

12478 W ATLANTIC BLVD

Suite, Apt. #, etc.

SUITE 108

City & State

CORAL SPRINGS

Zip

33071

Country

FLORIDA

3. Mailing Address

12478 W ATLANTIC BLVD

Suite, Apt. #, etc.

SUITE 108

City & State

CORAL SPRINGS

Zip

33071

Country

FLORIDA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0577034

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CUPO, JEREMY D
349 FAREHAM DRIVE
VENICE FL 34293**

7. Name and Address of New Registered Agent

Name
CUPO, JEREMY D.
Street Address (P.O. Box Number is Not Acceptable)
12478 W ATLANTIC BLVD
SUITE 108
City
CORAL SPRINGS FL Zip Code
33071

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

Jeremy Cupo
Signature, typed or printed name of registered agent and title if applicable.

JEREMY CUPO MGRM 4/30/03
(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
OFFICE MANAGER
NAME
JUSTINE CUPO
STREET ADDRESS
349 FAREHAM DR.
CITY-ST-ZIP
VENICE, FL 34293 ☐ Delete

TITLE
GENERAL PARTNER
NAME
JEREMY CUPO
STREET ADDRESS
349 FAREHAM DR.
CITY-ST-ZIP
VENICE, FL 34293 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

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

Date

4/30/03 (941) 544-4649
Daytime Phone #

CR2E083 (10/02)