

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

09-26-2003 90005 021 \*\*\*\*50.00

**DOCUMENT # L02000032669**

1. Entity Name

**FLEMING MORTGAGE SERVICES, LLC.**



Principal Place of Business

Mailing Address

2123 SW 20TH PLACE  
OCALA FL 34474

2123 SW 20TH PLACE  
OCALA FL 34474

2. Principal Place of Business

2123 SW 20TH PLACE

3. Mailing Address

2123 SW 20TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 102

Ste. 102

City & State

City & State

OCALA FLORIDA

OCALA, FLORIDA

Zip

Zip

Country

Country

34474

MARION

34474

MARION

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACKERMAN, CATHERINE F**  
**500 NE 8TH AVE**  
**OCALA FL 34470**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
WILLIAM HEATH FLEMING  
5001 SW 20TH ST. #1305  
OCALA, FL 34474

☐ Delete

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

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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]* **RED**

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

Date

Daytime Phone #

CR2E083 (4/03)