

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90396 010 ***150.00

DOCUMENT # L29854

1. Entity Name
ABCO MORTGAGE CORPORATION

Principal Place of Business

3336 GRIFFIN RD
FT LAUDERDALE FL 33312
US

Mailing Address

3336 GRIFFIN ROAD
FT LAUDERDALE FL 33312
US

2. Principal Place of Business

2900 GRIFFIN RD
Suite 1

3. Mailing Address

2900 GRIFFIN RD.
Suite 1

City & State

FT LAUDERDALE, FL.

City & State

FT. LAUDERDALE FL.

Zip
33312

Country
US

Zip
33312

Country
US

4. FEI Number

65-0162854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUSTON, LARRY
3336 GRIFFIN RD
FT LAUDERDALE FL 33312

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 *Larry Huston* **LARRY HUSTON**

4-11-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HUSTON, LARRY T.**
STREET ADDRESS **693 NW 12 AVE**
CITY-ST-ZIP **DANIA FL 33004**

TITLE **VST** ☐ Delete
NAME **HUSTON, CORY G**
STREET ADDRESS **693 NW 12 AVE**
CITY-ST-ZIP **DANIA FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry Huston* **LARRY HUSTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Date

954-963-8537

Daytime Phone #

CR2E034 (9/01)