

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90075 013 ***150.00

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DOCUMENT # L33038

1. Entity Name
HOMESAVE MORTGAGE CORP.



Principal Place of Business
3313 NE 33RD STREET
FT LAUDERDALE FL 33308
US

Mailing Address
3313 NE 33RD STREET
FT LAUDERDALE FL 33308
US

2. Principal Place of Business

3. Mailing Address

3337 E OAKLAND PARK BLVD
Suite, Apt. #, etc.

3337 E OAKLAND PARK BLVD
Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale FL

Fort Lauderdale FL

Zip
33308

Country
USA

Zip

Country

4. FEI Number **65-0247828**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOINER, JAMES D
3313 NE 33RD STREET
FT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Numbers Not Acceptable)

3337 E OAKLAND PARK BLVD

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)
Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **JOINER, JAMES J**
STREET ADDRESS **3313 NE 33RD ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)