

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001250

1. Entity Name

BRIDGEPORT MORTGAGE, LLC

Principal Place of Business

1750 ROGERO RD.
JACKSONVILLE FL 32211

Mailing Address

1750 ROGERO RD.
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LISA SNEED

1750 ROGERO RD.

JACKSONVILLE FL 32211

Name - *Aljeroy Sneed*

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

1750 Rogero Road

City *Jacksonville FL*

FL

Zip Code

32211

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004017101--8
-04/19/01--01018--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SNEED, ALJEROY W
1750 ROGERO RD.
JACKSONVILLE FL 32211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR M
SNEED, Aljeroy W.
1750 Rogero Road
Jacksonville FL 32211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR M
PALMWOOD, LLC
1750 ROGERO RD.
JACKSONVILLE FL 32211 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR M
SNEED, LISA
1750 ROGERO RD.
JACKSONVILLE FL 32211 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

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

Date

Daytime Phone #

4-4-01

904 762-1700

CR2E083 (11/00)

2001 10 2



DO NOT WRITE IN THIS SPACE

FILED
01 APR -9 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA