

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90053 048 ****50.00

DOCUMENT # L99000008510

1. Entity Name

COMMONWEALTH MORTGAGE L.L.C.

Principal Place of Business

5270 PALM VALLEY RD.
 PONTE VEDRA BEACH FL 32082

Mailing Address

P.O. BOX 3251
 PONTE VEDRA BEACH FL 32004-3251

2. Principal Place of Business

447 Atlantic Blvd
 Suite, Apt. #, etc.
 Suite 2
 City & State
 Atlantic Beach, FL
 Zip
 32233
 Country
 USA

3. Mailing Address

447 Atlantic Blvd
 Suite, Apt. #, etc.
 Suite 2
 City & State
 Atlantic Beach, FL
 Zip
 32233
 Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3612395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARPSTER, WILLIAM FOSTER
 500 NAUTICAL BLVD
 ATLANTIC BEACH FL 32233

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

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

William Foster Harper
 (NOTE: Registered Agent signature required when reinstating)

1-28-02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARPSTER, WILLIAM F 500 NAUTICAL BLVD ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HARPSTER, PHYLLIS S 11467 PLUMOSA DR. JACKSONVILLE FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William Foster Harper
 Signature, typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083 (9/01)