

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90081 044 \*\*\*\*55.00

**DOCUMENT # M00000001687**

1. Entity Name

**CENTURION MORTGAGE COMPANY, LLC**

Principal Place of Business

**363 E. BROADWAY AVENUE  
MARYVILLE TN 37804**

Mailing Address

**363 E. BROADWAY AVENUE  
MARYVILLE TN 37804**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**62-1769965**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CRIDER, ROBERT E  
928 RIDGESIDE CT.  
APOPKA FL 32712**

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

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 Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
SMALDONE, PATRICIA  
363 E. BROADWAY AVENUE  
MARYVILLE TN 37804**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
INGRAM, JOE  
230 EAST BROADWAY AVE.  
MARYVILLE TN 37804**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
TRAUIS, MARK  
363 E. BROADWAY AVENUE  
MARYVILLE TN 37804**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
CRIDER, ROBERT E  
928 RIDGESIDE COURT  
APOPKA FL 32712**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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 REQUIRED**

**1-24-2002 (865)356-1010**

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

Date

Daytime Phone #

CR2E083 (9/01)