

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0044899

DOCUMENT # M01000000753

1. Entity Name

UNIVERSAL CAPITAL MORTGAGE, L.L.C.

03-29-2002 91211 029 ****50.00

Principal Place of Business

901 SEMMES AVENUE
 RICHMOND VA 23224

Mailing Address

901 SEMMES AVENUE
 RICHMOND VA 23224

2. Principal Place of Business

350 N. Lake Desiring Rd
 Suite 315

3. Mailing Address

901 Semmes Ave
 Suite MTG 1815

City & State

Maitland FL

City & State

RICHMOND, VA

Zip

32751

Country

USA

Zip

23224

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2021414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 MGRM ☒ Delete
 STREET ADDRESS SUNTRUST MORTGAGE INC
 CITY-ST-ZIP 901 SEMMES AVENUE
 RICHMOND VA

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MANAGER ☐ Change ☒ Addition
 STREET ADDRESS Valutree Lender Management, LLC
 CITY-ST-ZIP 901 Semmes Avenue, MTG 1815
 RICHMOND, VA 23224

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

TITLE NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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 #

3/15/02 804 291-057

CR2E083 (9/01)