

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 19 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000085

1. Entity Name

DECISION ONE MORTGAGE COMPANY, LLC, L.C.

Principal Place of Business

6060 J.A. JONES DRIVE
CHARLOTTE NC 28287

Mailing Address

6060 J.A. JONES DRIVE
CHARLOTTE NC 28287

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

56-1960744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

40000334924 8
-07/25/00--01044--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME J C FAULKNER, INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28209

TITLE MEM ☐ Change ☒ Addition
NAME WILLIAM A. MARKWAT, INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

TITLE MEM ☒ Delete
NAME M. DOUGLAS CRISP, INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

TITLE MEM ☐ Change ☒ Addition
NAME MICHAEL J HOLCOMB, INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE, NC 28287

TITLE MEM ☐ Delete
NAME PARKES C. DIBBLE, JR. INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

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

TITLE MEM ☐ Delete
NAME TOD E. HIGHFIELD, INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

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

TITLE MEM ☐ Delete
NAME JAMES C. TARULLI INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

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

TITLE MEM ☐ Delete
NAME J. C. FAULKNER, INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/12/00

704-887-2700

Date

Daytime Phone #

CR2E083 (5/00)