

2000 UNIFORM BUSINESS REPORT (UBR)

0013596 AF

DOCUMENT # M98000000069

1. Entity Name
PRESTIGE HOME MORTGAGE, LLC

Principal Place of Business
11421 CRONHILL DRIVE, SUITE E
OWINGS MILLS MD 21117

Mailing Address
11421 CRONHILL DRIVE, SUITE E
OWINGS MILLS MD 21117-2222

FILED
00 MAR 23 PM 2: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1980058

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WINTRAUB, RUTH
602 LIME AVE., APT. 401
CLEARWATER FL 33756

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DELL, NANCY T
STREET ADDRESS 16303 DARK HOLLOW ROAD
CITY-ST-ZIP UPPERCO MD 21155 ☐ Delete

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

TITLE MGR / PRESIDENT
NAME DELL, NANCY T. NEW ADDRESS
STREET ADDRESS 16 ASTON CT.
CITY-ST-ZIP OWINGS MILLS, MD. 21117 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000003198300--0
CITY-ST-ZIP -04/06/00--01060--017
*****50.00--*****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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 OR MANAGER

NANCY T. DELL

Pres. 1/14/2000 (40) 363-4799
Date Daytime Phone #

CR2E083 (9/99)