

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90015 036 ****50.00

DOCUMENT # M980000000069

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**

905965



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11403 CRONRIDGE DR.

3. Mailing Address

11403 CRONRIDGE DR

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

OWINGS MILLS, MD.

City & State

OWINGS MILLS, MD.

Zip

21117

Country

USA

Zip

21117

Country

USA

4. FEI Number

52-1980058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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 **MGR** ☐ Delete
NAME **DELL, NANCY T**
STREET ADDRESS **16 ASTON CT**
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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.

THOMAS DELL
SIGNATURE: *Thomas Dell*

410-363-4799

CR2E083 (9/01)



ROBERT F. MILLIGAN
COMPTROLLER OF FLORIDA

OCTOBER 02, 2001

OFFICE OF COMPTROLLER
STATE OF FLORIDA

TALLAHASSEE

32399-0350

Attachment
905965

#M9800000069

PRESTIGE HOME MORTGAGE LLC
11403 CRONRIDGE DR STE 200
OWINGS MILLS, MD 21117-2222

RE: CL 0100089

Dear Licensee:

As requested, our records have been updated to show the following
change(s) of address:

MAILING ADDRESS FROM: 11421 CRONHILL DR STE E
OWINGS MILLS, MD 21117-2222

TO: 11403 CRONRIDGE DR STE 200
OWINGS MILLS, MD 21117-2222

Please attach this notice to your current license as evidence of
this change.

Sincerely,

REBECCA GREEN
SENIOR CLERK
Division of Finance
101 E. Gaines St.
Tallahassee, FL 32399-0350