

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90087 031 ****55.00

DOCUMENT # M98000001472

1. Entity Name

DECATUR MORTGAGE SERVICING, LLC

Principal Place of Business

**1773 WILSHIRE VILLAGE DRIVE
WELLINGTON FL 33414**

Mailing Address

**1773 WILSHIRE VILLAGE DRIVE
WELLINGTON FL 33414**

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

65-0889100

Applied For

Not Applicable

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

**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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHERRY, MICHAEL
8 MEADOWS LANE
CLOSTER NJ 07624** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BLASER, NATHAN
3520 SOUTH OCEAN BLVD.
PALM BEACH FL 33480** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHERRY, WILLIAM
700 SOUTH OCEAN BLVD.,
BOCA RATON FL 33432** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NUSBAUM, SPENCER
161 ROCK CREEK LANE
SCARSDALE NY 10583** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RICHTER, SHIRLEY
10 TWIXT HILLS ROAD
ST. JAMES NY 11780** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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 Statute.

SIGNATURE:*Michael Sherry*
SIGNATURE REQUIRED**2/14/02 914 793-1793**

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

Date

Daytime Phone #

CR2E083 (9/01)