

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90345 010 \*\*\*\*50.00

**DOCUMENT # M99000000374**

1. Entity Name

**NORTHEAST MORTGAGE OF CONNECTICUT, LLC**

Principal Place of Business

Mailing Address

**800 MAIN STREET SOUTH  
SOUTHURY CT 06488**

**800 MAIN STREET SOUTH  
SOUTHURY CT 06488**

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 **06-1463648**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGRM</b>									
	<b>ROGERSON, BRIAN P</b>									
	<b>6909 E. SUGARLOAF CIRCLE</b>									
	<b>MESA AZ 85207</b>									
	<b>MGRM</b>									
	<b>ROGERSON, SEAN T</b>									
	<b>214 PARK RD.</b>									
	<b>OXFORD CT 06478</b>									
	<b>MGRM</b>									
	<b>GABRIELE, ANTHONY J JR.</b>									
	<b>50. OWL RIDGE ROAD</b>									
	<b>WOODBURY CT 06798</b>									

CR2E083 (4/02)

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**

**President 7/17/02**

**(400)  
236-8287**

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

Date

Daytime Phone #