

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90653 018 \*\*\*\*61.25

0033507

**DOCUMENT # N22029**

1. Entity Name

**SOUTHWEST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 61021  
 FORT MYERS FL 33916

P.O. BOX 61021  
 FORT MYERS FL 33916

2. Principal Place of Business

3. Mailing Address

P O Box 152502

P O Box 152502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Cape Coral FL

City & State  
 Cape Coral FL

4. FEI Number  
 59-2949864

Applied For  
 Not Applicable

Zip  
 33990

Country

Zip  
 33990

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, KAREN J  
 1292 CEDAR CENTER DRIVE  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, BLAYNE	
STREET ADDRESS	24196 YACHT CLUB BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COX, LISA	
STREET ADDRESS	104 HALL STREET	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TRUEBLOOD, DENISE	
STREET ADDRESS	8250 COLLEGE PARKWAY 201A	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, KEVIN	
STREET ADDRESS	PO BOX 895	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLT, NANCY	
STREET ADDRESS	6315 PRESIDENTIAL COURT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDIC, JAMES	
STREET ADDRESS	5760 SHIRLEY ST. BLD. 2 #14	
CITY-ST-ZIP	NAPLES FL 33919	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON KENNY	
STREET ADDRESS	P O Box 510625	
CITY-ST-ZIP	PUNTA GORDA, FL 33951	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKIE M WELLS	
STREET ADDRESS	1510-2 HANCOCK BRDG PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vickie M Wells **VICKIE M WELLS** Date: 04/01/02 **04/01/02** Telephone # 941-573-7500 **941-573-7500**

CR2E037 (9/01)