

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90252 029 ***150.00

DOCUMENT # P00000010566

1. Entity Name

PEOPLES MORTGAGE & INVESTMENTS, INC.

Principal Place of Business

**9855 REGENCY SQUARE BLVD., #68
 JACKSONVILLE FL 32225**

Mailing Address

**9855 REGENCY SQUARE BLVD., #68
 JACKSONVILLE FL 32225**

2. Principal Place of Business

**7528 QUITMAN DR.
 Suite, Apt. #, etc.**

3. Mailing Address

**7528 QUITMAN DR.
 Suite, Apt. #, etc.**

City & State

JACKSONVILLE, FLORIDA

Zip

32277

Country

DUAL

City & State

JACKSONVILLE, FLORIDA

Zip

32277

Country

DUAL

4. FEI Number

59-3621769

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BORBON, EDDIE J

**9855 REGENCY SQUARE BLVD., #68
 JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

BORBON, EDDIE J.

Street Address (P.O. Box Number is Not Acceptable)

7528 QUITMAN DR.

City

JACKSONVILLE

FL

Zip Code

32277

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
 NAME **EDDIE J. BORBON**
 STREET ADDRESS **7528 QUITMAN DR**
 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32277**

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDDIE J. BORBON

2/12/01 904-744-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)