

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014297

1. Entity Name

PURCELL MORTGAGE AND ASSOCIATES, INC.

Principal Place of Business

11120 N.E. 8TH AVENUE
BISCAYNE PARK FL 33161

Mailing Address

11120 N.E. 8TH AVENUE
BISCAYNE PARK FL 33161

2. Principal Place of Business

4790 W COMMERCIAL BLVD

Suite, Apt. #, etc.

3. Mailing Address

4790 W COMMERCIAL BLVD

Suite, Apt. #, etc.

City & State

TAMARAC, FL

Zip

33319

Country

USA

City & State

TAMARAC FL

Zip

33319

Country

USA

4. FEI Number

65-1009516

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PURCELL, JAMES C
11120 N.E. 8TH AVENUE
BISCAYNE PARK FL 33161

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

James Purcell President JAMES PURCELL

DATE

1/5/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PURCELL, JAMES C
11120 N.E. 8TH AVENUE
BISCAYNE PARK FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

James Purcell JAMES PURCELL

Date

1/5/01

Daytime Phone #

954 535 2608

0262696

CR2E034 (10/00)