

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 03-19-2001 90045 016 ***150.00

DOCUMENT # P00000063137

1. Entity Name

NATIONS MORTGAGE & INVESTMENTS, INC.

Principal Place of Business

Mailing Address

5215 NW 98 TERR.
 CORAL SPRINGS FL 33076

5215 NW 98 TERR.
 CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

3300 University Dr.

3300 University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 501

501

City & State

City & State

Coral Springs, FL

Coral Springs, FL

Zip

Country

Zip

Country

33065 USA

33065

Broward

6. Name and Address of Current Registered Agent

4. FBI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

Richard Ehrlich

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

3300 University Dr.

Suite 501

City

Coral Springs

FL

Zip Code

33065

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

Richard Ehrlich, President

2/15/01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	LLOYD, ANGELA	
STREET ADDRESS	5215 NW 98 TERR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Ehrlich	
STREET ADDRESS	3300 University Dr.	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Forrest Freedman	
STREET ADDRESS	3300 University Dr.	
CITY-ST-ZIP	Coral Springs, FL 33065	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Richard Ehrlich

2/15/01

954-755-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)