

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90091 027 ***150.00

DOCUMENT # P00000073752

1. Entity Name
GREATER ORLANDO MORTGAGE, INC.

Principal Place of Business
672 N SEMORAN BLVD STE 204
ORLANDO FL 32807

Mailing Address
672 N SEMORAN BLVD STE 204
ORLANDO FL 32807

2. Principal Place of Business
126 S. Semoran Blvd

3. Mailing Address
126 S. Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number **59-3659518**

Applied For
☒ **Not Applicable**

Zip **32807** **Country** **Orange**

Zip **32807** **Country** **Orange**

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

BRACERO, JOSEPH
672 N SEMORAN BLVD STE 204
ORLANDO FL 32807

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 
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **BRACERO, JOSEPH**
STREET ADDRESS **672 N SEMORAN BLVD STE 204**
CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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:  **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/02 **407-306-0602**
 Date Daytime Phone #

CR2E034 (9/01)