

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000074376**1. Entity Name
FIRSTAR MORTGAGE CORPORATIONPrincipal Place of Business
93 ALAFAYA WOODS BLVD.
OVIEDO FL 32765
Mailing Address
93 ALAFAYA WOODS BLVD.
OVIEDO FL 327652. Principal Place of Business
452 OSCEOLA STREET, SUITE 208
3. Mailing Address
452 OSCEOLA STREET, SUITE 208

Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS FL
City & State
OVIEDO FLZip
32701
Country
Zip
32765
Country4. FEI Number
59-3663529
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PEREZ ELIZABETH Y**
93 ALAFAYA WOODS BLVD.
OVIEDO FL 32765**7. Name and Address of New Registered Agent**Name
PEREZ ELIZABETH Y
Street Address (P.O. Box Number is Not Acceptable)
452 OSCEOLA STREET, SUITE 208
City
ALTAMONTE SPRINGS FL Zip Code
32701

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 _____ **05/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER-GONZALEZ T.J.	
STREET ADDRESS	7715 SW 156 CT., UNIT #122	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRESCIA HELIO	
STREET ADDRESS	9141 WICKHAM WAY	
CITY-ST-ZIP	ORLANDO FL 32836	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER TIMOTHY JOSE	
STREET ADDRESS	1017 BLACK WILLOW DRIVE	
CITY-ST-ZIP	OVIEDO FL 32765	
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		
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: TIMOTHY JOSE MILLER**PRES 05/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)