

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91572 004 ***150.00

DOCUMENT # P000000075473.

1. Entry Name

CHASE MORTGAGE OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

1510 AIRPORT BLVD.

STE 2

PENSACOLA, FLORIDA 32504

2. Principal Place of Business

3. Mailing Address

1510 AIRPORT BLVD.

1510 AIRPORT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

City & State

PENSACOLA FL

PENSACOLA FL

Zip

Country

Zip

Country

32504

US

32504

US

4. FEI Number

59-362984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Donald T. West
 1510 AIRPORT BLVD.
 Suite 2
 PENSACOLA, FLORIDA 32504

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

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
 NAME: Donald T. West
 STREET ADDRESS: 1510 AIRPORT BLVD, STE 2
 CITY-ST-ZIP: PENSACOLA, FLORIDA 32504

☐ Delete

TITLE: Vice-President
 NAME: William B. Blackmon, Jr.
 STREET ADDRESS: 1510 AIRPORT BLVD, STE 2
 CITY-ST-ZIP: PENSACOLA, FL 32504

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TITLE:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 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:

Donald T. West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 01 850-484-4622

Date

Daytime Phone

CR2E034 (11/00)