

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90106 046 ***158.75

0078741 AV

DOCUMENT # P00000085676

1. Entity Name

BONAFIDE MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

**143 SANDALWOOD WAY
 LONGWOOD FL 32750**

**143 SANDALWOOD WAY
 LONGWOOD FL 32750**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3669253

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

~~WHITE, BONNIE L~~
**143 SANDALWOOD WAY
 LONGWOOD FL 32750**

Name **Bonnie Lee Lamont**
 Street Address (P.O. Box Number is Not Acceptable)
143 Sandalwood Way
 City **Longwood** FL Zip Code **32750**

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 Bonnie Lee Lamont

4-4-02

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 **WHITE, BONNIE L**
 STREET ADDRESS **143 SANDALWOOD WAY**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☒ Change ☐ Addition
 NAME **Bonnie Lee Lamont**
 STREET ADDRESS **143 Sandalwood Way**
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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: Bonnie Lee Lamont

4-4-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)