

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90030 044 ***150.00

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DOCUMENT # P00000093167

1. Entity Name

ANSWER ONE MORTGAGE, INC.

Principal Place of Business

2417-2 MILL CREEK CT
TALLAHASSEE FL 32308

Mailing Address

2417-2 MILL CREEK CT
TALLAHASSEE FL 32308

2. Principal Place of Business

2789 Capital Circle NE
Suite, Apt. #, etc.
Ste F

3. Mailing Address

2789 Capital Circle NE
Suite, Apt. #, etc.
Ste F

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip
32308

Country
Leon

Zip
32308

Country
Leon

4. FEI Number

59-3673573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIS, STEPHEN C P.A.
1407 E PIEDMONT DR
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

Brian Ker.

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

2098 Thomasville Rd

City

Tallahassee

FL

Zip Code

32312

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

Brian Ker.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/02

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

TITLE **DVS** ☐ Delete
NAME **FORSLUND, MICHAEL F**
STREET ADDRESS **2417-2 MILL CREEK CT**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **DPT** ☐ Delete
NAME **SANFORD, BRYAN L**
STREET ADDRESS **2417-2 MILL CREEK CT**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael Forslund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

860-247-1200

Daytime Phone #

CR2E034 (9/01)