

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90048 012 ***150.00

DOCUMENT # P0000093167

1. Entity Name
ANSWER ONE MORTGAGE, INC.



Principal Place of Business
2789 CAPITAL CIRCLE NE
STE F
TALLAHASSEE, FL 32308

Mailing Address
2789 CAPITAL CIRCLE NE
STE F
TALLAHASSEE, FL 32308

10100700

2. Principal Place of Business

2727 Capital Circle NE
Suite, Apt. #, etc.
Ste F

3. Mailing Address

Same as #2
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3673573

Applied For

☐ Not Applicable

Zip

32308

Country

Leon

Zip

32308

Country

Leon

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERI, BRIAN
2098 THOMASVILLE RD
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOV 11/03 FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2727 Capital Circle NE Ste F
Tallahassee, FL 32308 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2727 Capital Circle NE Ste F
Tallahassee, FL 32308 ☐ Change ☐ Addition

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/03
Date

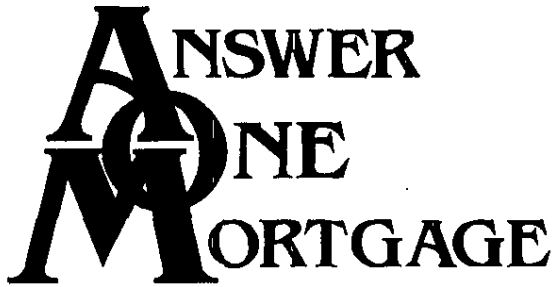
297-1200
Daytime Phone #

CR2E034 (10/02)

id Hachment

10108790

P00000093167



2727 Capital Circle NE, Suite F
Tallahassee, Florida 32308

Florida Department of State

June 25, 2003

To whom it may concern:

Enclosed, please find a check in the amount of \$150.00 for the filing fee. We did not receive our uniform business report, as our address was listed incorrectly. Our correct address is 2727 Capital Circle NE, Suite F Tallahassee, Florida 32301. Michael Forslund spoke with someone in your office early today, who indicated that a letter would be sufficient.

If you have any questions, please contact me at (850) 297-1200 ext. 104.

Sincerely,

A handwritten signature in cursive script that reads "A.L. Sanford".

Amy L. Sanford
Office Manager