

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90126 019 ***158.75

DOCUMENT # P00000103724

1. Entity Name

1ST MOORE MORTGAGE, INC.

Principal Place of Business

Mailing Address

4220 QUECHUA ROAD
PORT ST. JOHN FL 32927

4220 QUECHUA ROAD
PORT ST. JOHN FL 32927

1631 E. Vine St. Suite F
Kissimmee, FL 34744

2. Principal Place of Business

3. Mailing Address

1631 E. Vine St
Suite F

1631 E. Vine St
Suite F

Kissimmee, FL

Kissimmee, FL

FL

34744

Country US

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name IVY J. MOORE
Street Address (P.O. Box Number is Not Acceptable)
1631 E. Vine St Suite F
City Kissimmee FL Zip 34744

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 \$350.00
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 '01

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOORE, IVY J 4220 QUECHUA ROAD PORT ST. JOHN FL 32927	☒ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Treasurer MOORE, IVY J 1631 E. Vine St. Suite F Kissimmee, FL 34744	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MOORE, Jerome 1631 E. Vine St. Suite F Kissimmee, FL 34744	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director PAUL ABAD 1631 E. Vine St Suite F Kissimmee, FL 34744	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary LUCY ABAD 1631 E. Vine St. Suite F Kissimmee, FL 34744	☐ Change ☒ Addition
TITLE NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)