

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90011 019 \*\*\*150.00

**DOCUMENT # P00000111391**

1. Entity Name

**1ST CONTINENTAL MORTGAGE OF FT. LAUDERDALE, INC.**

Principal Place of Business

**1911 NE 8TH CT UNIT #134  
 FT LAUDERDALE FL 33304**

Mailing Address

**1911 NE 8TH CT UNIT #134  
 FT LAUDERDALE FL 33304**

2. Principal Place of Business

**2425 E. COMMERCIAL BLVD**

3. Mailing Address

**USE # 2**

Suite, Apt. #, etc.

**S # 302**

Suite, Apt. #, etc.

**USE # 2**

City & State

**FT. LAUDERDALE, FLA**

City & State

**USE # 2**

Zip

**33308**

Country

**USA**

Zip

**USE # 2**

Country

**USE # 2**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STIVERSON, MICHAEL**

**1911 NE 8TH CT UNIT #134**

**FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name: **STIVERSON, MICHAEL**

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

**2425 EAST COMMERCIAL BLVD**

**S # 302**

City

**FT. LAUDERDALE**

FL

Zip Code

**33308**

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

**Mike Stiverson MIKE STIVERSON**

**3-7-2002**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS STIVERSON, MICHAEL 1911 NE 8TH CT UNIT #134 FT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STIVERSON, MICHAEL 1911 NE 8TH CT UNIT #134 FT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIKE STIVERSON 2425 E. COMMERCIAL BLVD # 302 FT. LAUDERDALE FLA 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIKE STIVERSON 2425 EAST COMMERCIAL BLVD # 302 FT. LAUDERDALE, FLA. 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Mike Stiverson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-2002 (454) 202-0256**

Date

Daytime Phone #

CR2E034 (9/01)