

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90008 043 ***150.00

DOCUMENT # P00000113604

1. Entity Name

A & O MORTGAGE, INC.

Principal Place of Business

**1807 CRYSTAL LAKE DR
 LAKELAND FL 33801**

Mailing Address

**1807 CRYSTAL LAKE DR
 LAKELAND FL 33801**

2. Principal Place of Business

1301 GRASSLANDS BV #B

3. Mailing Address

1301 GRASSLANDS BV #B

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33803

Country

USA

Zip

33803

Country

USA

4. FEI Number

65-1058192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RAYNOR, SUSAN

**1807 CRYSTAL LAKE DR
 LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name

Susan Raynor

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

1301 GRASSLANDS BV #B

City

LAKELAND

FL

Zip Code

33803

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 **Susan K. Raynor**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

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	DP	<input type="checkbox"/> Delete
NAME	RAYNOR, SUSAN	
STREET ADDRESS	1807 CRYSTAL LAKE DR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAYNOR, J	
STREET ADDRESS	1251 TIMBERIDGE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, JO	
STREET ADDRESS	5739 GIBSON SHORES	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1251 Timberidge Dr.	
CITY-ST-ZIP	Lakeland FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan K. Raynor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-02

Daytime Phone #

**863
 8021917**

CR2E034 (9/01)