

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**  
 02-01-2002 90055 012 \*\*\*150.00

0020726 AV

**DOCUMENT #** P01000005828

**1. Entity Name**  
 C T MORTGAGE, INC.

**Principal Place of Business**  
 524 ALTARA AVENUE  
 CORAL GABLES FL 33146

**Mailing Address**  
 524 ALTARA AVENUE  
 CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 12555 Orange Dr.  
 Suite, Apt. #, etc.  
 Ste 113  
 City & State  
 DAVIE, FL  
 Zip  
 33330  
 Country  
 Broward

**3. Mailing Address**  
 12555 Orange Dr.  
 Suite, Apt. #, etc.  
 Ste 113  
 City & State  
 DAVIE, FL  
 Zip  
 33330  
 Country  
 Broward

**4. FEI Number**  
 65-1072437

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired**  
 \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 TURNER, CAROLYN S  
 524 ALTARA AVENUE  
 CORAL GABLES FL 33146

**7. Name and Address of New Registered Agent**  
 Name  
 Carolyn S. Turner  
 Street Address (P.O. Box Number is Not Acceptable)  
 12555 Orange Drive  
 Ste 113  
 City  
 DAVIE  
 FL  
 Zip Code  
 33330

**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** *Carolyn S. Turner* **DATE** Jan 17, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, CAROLYN S 524 ALTARA AVENUE CORAL GABLES FL 33146 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:** *Carolyn S. Turner* **DATE** Jan. 17, 2002  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)