2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P01000005828

1. Entity Name

C T MORTGAGE, INC.



Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90096 041 ***150.00

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Principal Pla	ce of Business	Mailin	g Address	-						
		12555 ORANGE DR			J					
12555 ORANGE DR STE 113 DAVIE FL 33330 2. Principal Place of Business Suite, Apt. #, etc.	STE 1	13								
DAVIE FL 330	330	FORT	LAUDERDALE FL 33330			E 180011000 DIE DE BEIER FINNE DE BEER	10:11 2011: 0011)	DEGLIEN BON	
					J					
2. Principal	Place of Business	3. Mai	ling Address			#				
Suite Ant	# etc	Suite	e, Apt. #, etc.							
						☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City & State				4. FEI Number CE_1070497 Applied For				
Only & State		Only & State				4. FEI Number 65-1072437		Not Applicable		
Zip	Country	Zip	1 /	Country						
Zip	Country	Zip	Ι,	Dourtary		5. Certificate of Status Desired		8.75 Ad		
<u> </u>		- Carlotaia	d d dans			7 10-10-10-10-10-10-10-10-10-10-10-10-10-1		e Require	<u> </u>	
8. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
THOMED	CADOLVN C			Name		1				
	CAROLYN S			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
1	RANGE DRIVE				onest residue (residue) in the model plants					
STE 113								-		
DAVIE FL	33330			ļ		- <u>-</u> -		,		
DAVIE 12 33330				City			FL	Zip Cod	е	
8 The above	e named entity submits this statement for	or the num	nse of changing its rea	istared office or	registered	i agent or both in the State of Flori		oilior with	and accept	
	itions of registered agent.	or the pulp	use of changing its reg	istered Office Of	registered	agent, or both, in the state of hon	ua, rairrar	ililiai wilii,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if appl	icable. (NOTE: Rec	gistered Agent signatu	re required wh	nen reinstating)	DATE			
	ILE NOW!!! FEE IS \$150.00									
	er May 1, 2003 Fee will be \$550.00					Election Campaign Fina			0 May Be	
	k Payable to Florida Department of	f State				Trust Fund Contribution.		Added	to Fees	
			20			ADDITIONS (OLIANISES TO OFFIC	CDC AND D	IDECTOR	C IN 44	
10.	OFFICERS AND	DIRECTO		11.		ADDITIONS/CHANGES TO OFFIC				
TITLE -	TUDNED CAROLVN C		☐ Delete	TITLE	533	rner, carolyng 555 Orange D vie, 74 3333	5, L	Change	☐ Addition	
NAME	TURNER, CAROLYN S			NAME ,	Var	The terms of the		ste 1	(3	
STREET ADDRESS	524 ALTARA AVENUE		•	STREET ADDRESS	125	ss orange u	(100	-	-	
CITY-ST-ZIP	CORAL GABLES FL 33146			CITY-ST-ZIP	_Da	<u>vie, 74 3333</u>	<u>o</u>			
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12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP