

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90441 024 \*\*\*150.00

0420310 AV

**DOCUMENT # P01000018796**

1. Entity Name

**FRANKLIN MORTGAGE, INC.**

Principal Place of Business

~~601 E. TWIGGS STREET~~  
~~SUITE 250~~  
~~TAMPA FL 33602~~

Mailing Address

601 E. TWIGGS STREET  
SUITE 250  
TAMPA FL 33602

2. Principal Place of Business

**5289 EHRUCH RD.**  
Suite, Apt #, etc.

3. Mailing Address

**5289 EHRUCH RD.**  
Suite, Apt #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

**33625**

Country

**U.S.**

Zip

**33625**

Country

**U.S.**

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

6. Name and Address of Current Registered Agent

**REIBER, SAM I**  
**601 TWIGGS STREET, SUITE 250**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JACOBSON, MELVIN</b>	
STREET ADDRESS	<b>3825 HENDERSON BLVD, SUITE 100</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DELT, JOSEPH T</b>	
STREET ADDRESS	<b>15804 TIMBERWOOD DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33625</b>	
TITLE	<b>Terry HANNA P/Sec/Trea/D</b>	<input type="checkbox"/> Delete
NAME	<b>15804 Timberwood Dr.</b>	
STREET ADDRESS	<b>Tampa, FL 33625</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Pres/Sec/Trea/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Terry HANNA</b>	
STREET ADDRESS	<b>15804 Timberwood Dr.</b>	
CITY-ST-ZIP	<b>Tampa, FL 33625</b>	
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:

**RECEIVED REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-02 (813) 286-1512**  
Date Daytime Phone #

CR2E034 (9/01)