

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90091 040 ***150.00

0410664 AV

DOCUMENT # P01000020484

1. Entity Name
FIRST EXECUTIVE MORTGAGE, INC.



Principal Place of Business
1300 E HILLSBORO BLVD
SUITE 204
DEERFIELD BEACH FL 33441

Mailing Address
637 NE 19TH AVE
DEERFIELD BEACH FL 33441



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1077519**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONNER, LARRY
100 SE 2ND STREET SUITE 3400
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
***After May 1, 2003 Fee will be \$550.00**
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LINUS, LINDA**
STREET ADDRESS **373 WILDWOOD LANE EAST**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **LINDA LINUS-MAUS**
STREET ADDRESS **637 NE 19TH AVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/03

954 422-1745

CR2E034 (10/02)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

NOV 27 2001

DATE RETURNED:

RECORDED: BOOK 338. PAGE 3319

HOWARD C. FORMAN , CLERK OF COURT

BY K6....., DEPUTY CLERK

ML-CE-01-011258

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) DANIEL RAY MAUS			2. DATE OF BIRTH (Month, Day, Year) OCT 30, 1946		
3a. RESIDENCE - CITY, TOWN, OR LOCATION DEERFIELD BEACH	3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) OHIO		
5a. BRIDE'S NAME (First, Middle, Last) LINDA KAREN LINNUS		5b. MAIDEN SURNAME (if different) LINNUS	6. DATE OF BIRTH (Month, Day, Year) SEP 20, 1957		
7a. RESIDENCE - CITY, TOWN, OR LOCATION DEERFIELD BEACH	7b. COUNTY BROWARD	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) NEW JERSEY		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Daniel Ray Maus</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT 12, 2001
11. TITLE OF OFFICIAL DEPUTY CLERK J. T. GRAY	12. SIGNATURE OF OFFICIAL (Use black ink) <i>J. T. Gray</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Linda Karen Linnus</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT 12, 2001
15. TITLE OF OFFICIAL DEPUTY CLERK J. T. GRAY	16. SIGNATURE OF OFFICIAL (Use black ink) <i>J. T. Gray</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

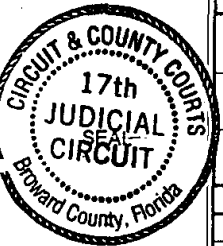
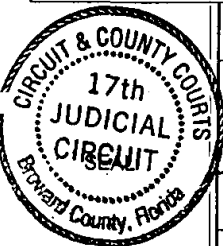
17. COUNTY ISSUING LICENSE BROWARD	18. DATE LICENSE ISSUED OCT 12, 2001	18a. DATE LICENSE EFFECTIVE OCT 12, 2001	19. EXPIRATION DATE DEC 10, 2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>J. T. Gray</i>		20b. TITLE DEPUTY CLERK J. T. GRAY	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) Oct. 20th 2001	22. CITY, TOWN, OR LOCATION OF MARRIAGE DEERFIELD BEACH
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Bryan Dalton</i>	23c. ADDRESS (Of person performing ceremony) St. Ann's Church 320 S. 5th Hwy Deer
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) PRIEST BRYAN DALTON	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Wm. J. Marsh</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED



SEAL