

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90170 011 ***150.00

DOCUMENT # P01000025322

1. Entity Name
1ST CITY MORTGAGE GROUP, INC.



Principal Place of Business
**8000 S. ORANGE AVE., STE. 101
ORLANDO FL 32809**

Mailing Address
**8000 S. ORANGE AVE., STE. 101
ORLANDO FL 32809**

2. Principal Place of Business

6060 S Orange Ave

Suite, Apt. #, etc.

3. Mailing Address

6060 S Orange Ave

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32809

Country

Zip

32809

Country

4. FEI Number

59-3702336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ARJUNE, DAVIECA
8000 S. ORANGE AVE., STE. 101
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

Davieca Arjune Singh

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

6060 S Orange Ave

City

Orl

FL

Zip Code

32809

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SINGH, DAVIECA**
STREET ADDRESS **8000 S ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

CR2E034 (10/02)

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:

Davieca Arjune Singh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03

Date

407812-4400

Daytime Phone #