

2002 UNIFORM BUSINESS REPORT (UBR)

0040370 AV

DOCUMENT # P01000049862

1. Entity Name
PEMCO MORTGAGE INC.

Principal Place of Business
2312 APALACHEE PKWY., STE. 9
TALLAHASSEE FL 32301

Mailing Address
2312 APALACHEE PKWY., STE. 9
TALLAHASSEE FL 32301

FILED

02 APR 23 PM 1:27

SECRETARY OF STATE
TALLAHASSEE FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3718961

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

McFARLANE, PAULETTE
3115 HAWKS LANDING DR.
TALLAHASSEE FL 32308

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MCFARLANE, PAULETTE
STREET ADDRESS 3115 HAWKS LANDING DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME 200005482442-8
STREET ADDRESS -05/07/02--01097--007
CITY-ST-ZIP ****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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, for all other like empowered.

SIGNATURE:

Paul M. Ford
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/02 (850)942-1111

Date

Daytime Phone #

CR2E034 (9/01)