

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

DOCUMENT # P01000070510

1. Entity Name
NET RATE MORTGAGE, INC.



Principal Place of Business
1726 LAKE CYPRESS DR
SAFTY HARBOR, FL 34695

Mailing Address
1726 LAKE CYPRESS DR
SAFTY HARBOR, FL 34695

11010336



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
108A 4TH AVENUE SOUTH

3. Mailing Address
108A 4TH AVENUE SOUTH

Suite, Apt. #, etc.
ALLISON, PATRICIA D

Suite, Apt. #, etc.
ALLISON, PATRICIA D

City & State
SAFTY HARBOR FL

City & State
SAFTY HARBOR FL

4. FEI Number
59-3732136

Applied For:
Not Applicable

Zip
34695

Country

Zip
34695

Country

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

6. Name and Address of Current Registered Agent

**ALLISON, PATRICIA
1726 LAKE CYPRESS DR
SAFTY HARBOR, FL 34695**

7. Name and Address of New Registered Agent

Name
ALLISON, PATRICIA D

Street Address (P.O. Box Number is Not Acceptable)
108A 4TH AVENUE SOUTH

City
SAFTY HARBOR

FL

Zip Code
34695

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 time if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

Pat Allison

4-20-03

FILE NOW!!! FEE IS \$450.00
After May 15, 2003, Fee will be \$500.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALLISON, PATRICIA
1726 LAKE CYPRESS DR
SAFTY HARBOR, FL 34695**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
ALLISON, PATRICIA D
108A 4TH AVENUE SOUTH
SAFTY HARBOR FL 34695**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HOSKINSON, MARY KING
108A 4TH AVENUE SOUTH
SAFTY HARBOR FL 34695**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

Pat Allison

4-20-03

(27)776-7200

PAT Allison

CR2E034 (10/02)