

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90046 037 ***150.00

DOCUMENT # P01000070815

1. Entity Name
FLORIDA MORTGAGE LOAN CORPORATION

Principal Place of Business

719 QUAIL KEEP DRIVE
SAFETY HARBOR FL 34695

Mailing Address

719 QUAIL KEEP DRIVE
SAFETY HARBOR FL 34695

2. Principal Place of Business

1918 Seminole Rd.

Suite, Apt. #, etc.

NA

3. Mailing Address

1918 Seminole Rd.

Suite, Apt. #, etc.

NA

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

4. FEI Number

59-3731346

Applied For

Not Applicable

Zip

32233

Country

Duval

Zip

32233

Country

Duval

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COOP, MATTHEW S
719 QUAIL KEEP DRIVE
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

Matthew S. Coop

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

1918 Seminole Road

City

Atlantic Beach

FL

Zip Code

32233

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

1/9/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP

COOP, MATTHEW S
719 QUAIL KEEP DRIVE
SAFETY HARBOR FL 34695

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Matthew S. Coop
1918 Seminole Rd.
Atlantic Bch FL 32233

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

(904) 242-8931

Daytime Phone #

CR2E034 (9/01)