

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90212 032 ***158.75

01/18/03 90212 032 ***158.75

DOCUMENT # P01000072611

1. Entity Name
DEL MORTGAGE FINANCE CO.



Principal Place of Business
**10399 SW 5TH COURT #204
PEMBROKE PINES FL 33025**

Mailing Address
**903 NW 100 AVE
PEMBROKE PINES FL 33024**

2. Principal Place of Business

5527 S UNIVERSITY DR

3. Mailing Address

5527 S UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33328

Country

USA

Zip

33328

Country

U.S.A.

4. FEI Number

01-0594956

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

**EXCELL, ALTHEA K
10933 SW 5TH COURT #204
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

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

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

(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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **EXCELL, ALTHEA**
STREET ADDRESS **903 NW 100 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **V** ☐ Delete
NAME **GILCHRIST, LEROY**
STREET ADDRESS **903 NW 100 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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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

4-15-03

Date

954-392-1611 OF

954-668-5234 cu

Daytime Phone #

CR2E034 (10/02)

Attachment 70044088
DOC# P010000072611

Del Mortgage Finance Co.

"Dedication, Excellence And Loyalty In Service"



Althea (Kay) Excell
President

DEL MORTGAGE FINANCE COMPANY

5527 S. University Dr., Davie, FL 33328

Office (954) 392-1611

Cell (954) 668-5234

Fax (954) 392-5447