

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90010 041 ***550.00

DOCUMENT # P01000078701

1. Entity Name
PDQ MORTGAGE, INC.

Principal Place of Business

~~4099 SCARLET IRIS PLACE~~
~~WINTER PARK FL 32792~~

427 S. New York Ave.
Ste. 103 Winter Park, FL 32789

Mailing Address

~~4099 SCARLET IRIS PLACE~~
~~WINTER PARK FL 32792~~
427 S. New York Ave.
Ste. 103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip

32789

Country

USA

Zip

32789

Country

USA

6. Name and Address of Current Registered Agent

GONZALEZ, MARGARET

~~4099 SCARLET IRIS PLACE~~
~~WINTER PARK FL 32792~~
1140 S. Orlando Ave.
FL 32751
Maitland, FL

7. Name and Address of New Registered Agent

Name **Margaret Gonzalez**

Street Address (P.O. Box Number is Not Acceptable)
1140 S. Orlando Ave. FL 32751

City **Maitland, FL** Zip Code **32751**

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]*
 Signature, typed or printed name of registered agent and office, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/4/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **President Margaret Gonzalez**
 STREET ADDRESS **1140 S. Orlando Ave. FL 32751**
 CITY-ST-ZIP **Maitland, FL 32751**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/04/02 407-629-6401

Date

Daytime Phone #

CR2E034 (4/02)