

2002 UNIFORM BUSINESS REPORT (UBR)

011203 AT

DOCUMENT # P01000080101

1. Entity Name
FIRST MORTGAGE TRUST, INC.

FILED

02 OCT 15 PM 1:33

Principal Place of Business
PO BOX 1946
ORMOND BEACH FL 32175

Mailing Address
PO BOX 1946
ORMOND BEACH FL 32175

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
555 W. GRANADA BLVD
Suite, Apt. #, etc.
SUITE E-10
City & State
ORMOND BEACH, FLA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
32174
Country
NO LUSIA

4. FEI Number
010513551

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
QUINT, RICHARD
6 SOVEREIGN LANE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
863 PINE FOREST TRAIL W
City
PORT ORANGE
FL
Zip Code
32127

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 DATE 10/10/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D QUINT, RICHARD PO BOX 1946 ORMOND BEACH FL 32175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4000008445444 10/18/02--01023--023 **750.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)