

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

*Amended*

DOCUMENT # P01000084049

1. Entity Name

Princeton Mortgage, Inc.

**FILED**

02 NOV -8 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

404 NW Canterbury Court

Suite, Apt. #, etc.

3. Mailing Address

500 Australian Ave So.

Suite, Apt. #, etc.

Suite 110

City & State

Port St. Lucie FL

City & State

West Palm Beach FL

4. FEI Number

65-1132859

Applied For

Not Applicable

Zip

34983

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Paul Rhodes**

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

500 Australian Ave So., Suite 110

City **West Palm Beach**

**FL**

Zip Code  
**33401**

**DO NOT WRITE  
IN THIS SPACE**

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

*Paul Rhodes*

*11/6/02*

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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
P, D	Paul Rhodes	500 Australian Ave So., Ste 110, WPB, FL	33401
S	Sally Larson	500 Australian Ave So & 110	West Palm Bch FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Rhodes*

Date

Daytime Phone #

*11/6/02 501-689-5400*

CR2E034B (12/01)