

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

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90201 020 \*\*\*150.00

DOCUMENT # **P 01000084271 ✓**  
1. Entity Name  
**A-1 Florida Mortgage, Inc. n/c 9/24/01**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4800 S.W. 64 Ave.</b>		3. Mailing Address <b>4800 S.W. 64 Ave.</b>	
Suite, Apt. #, etc. <b>Suite 105 A</b>		Suite, Apt. #, etc. <b>Suite 105-A</b>	
City & State <b>Davie FL</b>		City & State <b>Davie FL</b>	
Zip <b>33314</b>	County <b>Broward</b>	Zip <b>33314</b>	County <b>Broward</b>

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4. FEI Number <b>65-1133609</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **Theresa H. McGrillis**  
Street Address (P.O. Box Number is Not Acceptable)  
**8733 SW 15 Street**  
City **Davie** FL Zip Code **33324-4503**

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 **Theresa H. McGrillis President** **1-28-02**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

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 \$81.25  
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	<b>Theresa H. McGrillis, President</b> <b>8733 SW 15 Street</b> <b>Davie FL 33324-4503</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Theresa H. McGrillis, President** **1-28-02** **954-424-3193**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)