

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90117 040 \*\*\*150.00

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

DOCUMENT # PD1000084651

1. Entity Name

Home Team Mortgage, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3063 Hartley Rd.

Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville, Florida

Zip

32257

Country

U.S.A.

3. Mailing Address

3063 Hartley Rd.

Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville, Florida

Zip

32257

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3740213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert E. Albritten

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

3063 Hartley Rd., Suite 6

City

Jacksonville

FL

Zip Code

32257

**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

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 P/S/D  
NAME Robert E. Albritten  
STREET ADDRESS 3038 Bridlewood Ln.  
CITY-ST-ZIP Jacksonville, FL. 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP/T/D  
NAME Jeffrey A. West  
STREET ADDRESS 1822 Mourning Dove Ln.  
CITY-ST-ZIP Jacksonville Beach, FL. 32250

TITLE  
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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 empowers.

SIGNATURE:

Robert E. Albritten

4/19/2002 (904) 262-2278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)