

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90336 002 ***150.00

DOCUMENT # P01000091331

1. Entity Name

TOWNSHIP MORTGAGE, INC.

Principal Place of Business

2626 BILLINGHAM DR.
 LAND O'LAKES FL 34639

Mailing Address

2626 BILLINGHAM DR.
 LAND O'LAKES FL 34639

00074740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20555 N. M52

3. Mailing Address

P.O. Box 278

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chelsea MI

City & State

Chelsea MI

4. FEI Number

59-3745655

Applied For

Not Applicable

Zip

48118

Country

Wastenaw

Zip

48118

Country

Wastenaw

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARLOW, RALPH M JR
 2626 BILLINGHAM DR.
 LAND O'LAKES FL 34639

7. Name and Address of New Registered Agent

Name Teresa Barlow

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

15005 Roundup Dr.

City Tampa

FL

Zip Code

48118

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

Teresa Barlow

Teresa Barlow

2-7-02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE D ☐ Delete
 NAME BARLOW, RALPH M JR
 STREET ADDRESS 2626 BILLINGHAM DR.
 CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☒ Change ☐ Addition
 NAME Ralph M Barlow Jr.
 STREET ADDRESS 20555 N M52
 CITY-ST-ZIP Chelsea MI 48118

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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:

Ralph M Barlow Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)