

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 12, 2003 8:00 am
Secretary of State

01-17-2003 90072 030 ***158.75

DOCUMENT # P02000018363

1. Entity Name
UNBOUND MORTGAGE CORPORATION



Principal Place of Business
618 NORTH THORNTON AVENUE
ORLANDO, FL 32803

Mailing Address
350 BELTREES STREET
DUNEDIN FL 34698

2. Principal Place of Business
1265 S. SEMORAW BLVD
Suite, Apt. #, etc.
BLDG 4, SUITE 1217

3. Mailing Address
P.O. Box 2472
Suite, Apt. #, etc.

City & State
WINTER PARK FL

City & State
DUNEDIN FL

4. FEI Number
03-0398352

Applied For
Not Applicable

Zip
32792

Country
USA

Zip
34697

Country
USA

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

6. Name and Address of Current Registered Agent

LOWE, JOHN R
618 NORTH THORNTON AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
JOHN W. LOWE
Street Address (P.O. Box Number is Not Applicable)
350 BELTREES STREET
City DUNEDIN FL 34698

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 John W. Lowe JOHN W. LOWE DATE 1/15/03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN R. LOWE	
STREET ADDRESS	1265 S. SEMORAW, STE 1217	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JOHN W. LOWE	
STREET ADDRESS	PO BOX 2472	
CITY-ST-ZIP	DUNEDIN, FL 34697	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W. Lowe JOHN W. LOWE DATE 1/15/03 DAYTIME PHONE 727-736-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)