

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90040 020 ***558.75

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DOCUMENT # P02000021860

1. Entity Name

FIRST UNIVERSAL MORTGAGE, INC.



Principal Place of Business

**5011 20 AVE SOUTH
TAMP FL 33619**

Mailing Address

**5011 20 AVE SOUTH
TAMP FL 33619**

2. Principal Place of Business

5011 20th Ave S

Suite, Apt. #, etc.

3. Mailing Address

5011 20th Ave S

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

03-0394667

Applied For

Not Applicable

Zip

33619

Country

USA

Zip

33619

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BURDEN, BRIAN A ESQ.

BRIAN A. BURDEN, P.A.

120 S WILLOW AVE

TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 ☐ Delete

**DP
MOON, JOHNNY L JR
5011 20 AVE SOUTH
TAMP FL 33619**

TITLE ☐ Delete

**DVST
FERRARA, DOMINIC
5011 20 AVE SOUTH
TAMP FL 33619**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

(813) 241-4004

Daytime Phone #

CR2E034 (4/03)