

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91391 034 ***150.00

0536708 AV

DOCUMENT # P02000030421

1. Entity Name
HULCE MORTGAGE, INC.



Principal Place of Business
**8473 BAY COLONY DR #1701
NAPLES FL 34108**

Mailing Address
**8473 BAY COLONY DR #1701
NAPLES FL 34108**



2. Principal Place of Business
5150 Tamiami Tr. North

3. Mailing Address
5150 Tamiami Tr. North

Suite, Apt. #, etc.
302

Suite, Apt. #, etc.
302

City & State
Naples, FL.

City & State
Naples, FL.

Zip
34103

Country
USA

Zip
34103

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**HULCE, J T
8473 BAY COLONY DR #1701
NAPLES FL 34108**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HULCE, J T
8473 BAY COLONY DR #1701
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HULCE, CAROL
8473 BAY COLONY DR #1701
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HULCE, HILLARY M
8473 BAY COLONY DR #1701
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

4/30/03 239 261-7325
Date Daytime Phone #

CR2034 (10/02)