

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90126 049 ***150.00

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

DOCUMENT # P02000034748 ✓

1. Entity Name

First Star Mortgage Corporation



DO NOT WRITE IN THIS SPACE

11029251

2. Principal Place of Business

1395 Lyons Road

Suite, Apt. #, etc.

3. Mailing Address

1395 Lyons Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

43-1956739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75*Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK Preston

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

4160 NW 99th Ave.

City

CORAL Springs

FL

Zip Code

33065

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 re-registering)

4/26/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
PRESTON MARK
4160 NW 99th Ave.
Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

Date

Daytime Phone #

954-956-9696

CR2E034B (12/02)