

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90208 006 \*\*\*150.00

**DOCUMENT # P02000042574**

1. Entity Name  
**BOTTOMLY MORTGAGES, INC.**



Principal Place of Business  
**16830 SE 1 ST  
SILVER SPRINGS FL 34488**

Mailing Address  
**16830 SE 1 ST  
SILVER SPRINGS FL 34488**

2. Principal Place of Business  
**985 HYDE PARK CIRCLE**

3. Mailing Address  
**985 HYDE PARK CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WINTER GARDEN FL**

City & State  
**WINTER GARDEN FL**

4. FEI Number  
**52-2375163**

Applied For  
Not Applicable

Zip  
**34787**

Country  
**ORANGE**

Zip  
**34787**

Country  
**ORANGE**

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

**6. Name and Address of Current Registered Agent**

**BOTTOMLY, AILEEN  
16830 SE 1 ST  
SILVER SPRINGS FL 34488**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**985 HYDE PARK CIRCLE**

City

**WINTER GARDEN**

FL

Zip Code

**34787**

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 \$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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BOTTOMLY, AILEEN**  
CITY-ST-ZIP **16830 SE 1 ST  
SILVER SPRINGS FL 34488**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **985 HYDE PARK CIRCLE**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BOTTOMLY, WILLIAM C**  
CITY-ST-ZIP **63272 ORANGE RD  
MONTROSE CO 81401**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BUTWELL, VICKIE S**  
CITY-ST-ZIP **8414 SW RIVERSIDE DR  
ARCADIA FL 34266**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BOTTOMLY, MARK**  
CITY-ST-ZIP **21919 NE 224 ST  
BATTLEGROUND WA 98604**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**S. BOTTOMLY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (10/02)