

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90159 018 ***158.75

DOCUMENT # P02000045056

1. Entity Name
LOAN TREE MORTGAGE, INC.



Principal Place of Business
**12515 ORANGE DRIVE, SUITE 807
DAVIE FL 33330**

Mailing Address
**12515 ORANGE DRIVE, SUITE 807
DAVIE FL 33330**



2. Principal Place of Business

3. Mailing Address

11400 NW 15 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

4. FEI Number

03-0432893

Applied For

Not Applicable

Zip

Country

Zip

Country

33026

BROWARD

5. Certificate of Status Desired

X **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, ISABEL M
10171 CYPRESS CT.
PEMBROKE PINES FL 33026**

Name

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

11400 NW 15 STREET

Pembroke Pines

City

FL

Zip Code

33026

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

3/5/03

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 **P** ☐ Delete
NAME **NELSON, ISABEL M**
STREET ADDRESS **10171 CYPRESS CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Change ☐ Addition
NAME **NELSON, ISABEL M**
STREET ADDRESS **11400 NW 15 STREET**
CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/03 954-693-0003

CR2E034 (10/02)