

FILED  
May 29, 2003 8:00 am  
Secretary of State

05-01-2003 90170 025 \*\*\*150.00

5/1

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000053358

1. Entity Name  
PREMIER MORTGAGE TRUST INC.



Principal Place of Business  
601 SOUTH FEDERAL HWY.  
SUITE 111  
LAKE WORTH FL 33460

Mailing Address  
601 SOUTH FEDERAL HWY.  
SUITE 111  
LAKE WORTH FL 33460

55044500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ 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

7. Name and Address of New Registered Agent

GALLAGHER, KERRY A  
537 U.S. HIGHWAY ONE  
SUITE 4  
NORTH PALM BEACH FL 33408

Name  
Deidre S Newton  
Street Address (P.O. Box Number is Not Accepted)  
601 South Federal Hwy  
Ste. 111  
City Lake Worth FL 33460

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

Deidre Newton

4-8-03

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FONTAINE, DAREN MICHAEL  
601 SOUTH FEDERAL HWY.  
LAKE WORTH FL 33460

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
NEWTON, DEIDRA  
537 U.S. HIGHWAY ONE, SUITE 4  
NORTH PALM BEACH FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GALLAGHER, KERRY A  
537 U.S. HIGHWAY ONE, SUITE 4  
NORTH PALM BEACH FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
Deidra Newton  
601 S. Federal Hwy, Ste. 111  
Lake Worth, FL 33460  
☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Deidra Newton 4-8-03 1737

CR2E034 (10/02)

Form **SS-4**

(Rev. December 2001)

Department of the Treasury  
Internal Revenue Service**Attachment** **SS-4** **Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

**Type or print clearly.**

1 Legal name of entity (or individual) for whom the EIN is being requested  
**Palmcoast Mortgage Trust, Inc**

2 Trade name of business (if different from name on line 1)  
**LAKE WORTH, FL 33460**

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)  
**601 S Federal Hwy**

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code  
**LAKE WORTH, FL 33460**

5b City, state, and ZIP code

6 County and state where principal business is located  
**PALM BEACH, FL**

7a Name of principal officer, general partner, grantor, owner, or trustor  
**Diedre Newton**

7b SSN, ITIN, or EIN  
**X 265 57 0800**

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☒ Corporation (enter form number to be filed) ▶ **2553**

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ Farmers' cooperative

☐ REMIC

☐ State/local government

☐ Federal government/military

☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **FLORIDA**

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)  
**APRIL 30, 2003**

11 Closing month of accounting year  
**December**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".

Agricultural ☒ Household ☒ Other ☒

14 Check one box that best describes the principal activity of your business.

☒ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-agent/broker

☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**Mortgage Broker Services**

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶ **Community Real Estate Services, Inc**

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) **1992**

City and state where filed **LAKE WORTH, FLORIDA**

Previous EIN

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name (and title (type or print clearly)) **Diedre E. Newton**Signature **X**Date **X**

Applicant's telephone number (include area code)

**561 582-1737**

Applicant's fax number (include area code)

**561 582-9504**