

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90413 040 ***158.75

DOCUMENT # P02000056486

1. Entity Name
COMPETITIVE MORTGAGE COMPANY



Principal Place of Business
1919 BYRAM DR
CLEARWATER FL 33715

Mailing Address
1919 BYRAM DR
CLEARWATER FL 33715

2. Principal Place of Business
1571 MISSOURI AVE S.
Suite, Apt. #, etc.

3. Mailing Address
1571 MISSOURI AVE S.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL.

City & State
CLEARWATER, FL.

4. FEI Number
03-0476749

Applied For
Not Applicable

Zip
33756

Country
U.S.A.

Zip
33756

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BLVD
SEMINOLE FL 33772

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

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

TITLE
D
NAME
MILLER, JACQUELINE
STREET ADDRESS
1571 MISSOURI AVENUE
CITY-ST-ZIP
CLEARWATER FL 33756

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Jacqueline Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 (727) 442-4600
Date Daytime Phone #

CR2E034 (10/02)