

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90122 020 ***150.00

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DOCUMENT # P02000057922

1. Entity Name
L J MORTGAGE SERVICES, INC.



Principal Place of Business
**901 SW 99TH AVE
PEMBROKE PINES FL 33025**

Mailing Address
**901 SW 99TH AVE
PEMBROKE PINES FL 33025**



2. Principal Place of Business

5827 JOHNSON ST.
Suite, Apt. #, etc.

3. Mailing Address

16737 N.W. 10th ST.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD, FL

Zip
33021

Country
U.S.A.

City & State
PEMBROKE PINES, FL

Zip
33028

Country
U.S.A.

4. FEI Number
82-0546410

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONRIE, LAURETTE J
901 SW 99TH AVE
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name **LAURETTE J. MONCRIEFFE**
Street Address (P.O. Box Number is Not Acceptable)
16737 NW 10th ST
City **PEMBROKE PINES** FL Zip Code **33028**

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 **L. Jacqueline Moncrieffe** DATE **3/31/03**

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

TITLE **P** ☐ Delete
NAME **MONCRIEFFE, LAURETTE**
STREET ADDRESS **901 SW 99TH AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☐ Delete
NAME **MONCRIEFFE, LLOYD H**
STREET ADDRESS **901 SW 99TH AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MONCRIEFFE, LAURETTE J.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **16737 NW 10th ST**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **MONCRIEFFE, LLOYD H** ☒ Change ☐ Addition
NAME
STREET ADDRESS **16737 NW 10th ST**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

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

TITLE ☐ Change ☐ Addition
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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: **L. Jacqueline Moncrieffe** DATE **3-31-03 (954) 962 2234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)