

PO20000084929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

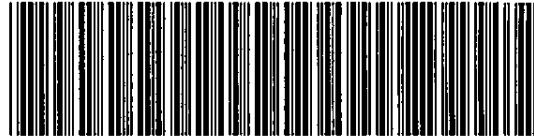
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 DEC -4 PM 4:46

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RA 12.4.02



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2006

MARIA WHITE  
TIME MORTGAGE INC.  
802 MICHIGAN AVE.  
PALM HARBOR, FL 34683

SUBJECT: TIME MORTGAGE INC.  
Ref. Number: P02000084929

We have received your document for TIME MORTGAGE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 006A00067561

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Time Mortgage  
(Name of Corporation)

DOCUMENT NUMBER: P02000084929

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA WHITE  
(Name of Contact Person)

Time Mortgage  
(Firm/Company)

802 Michigan Ave  
(Address)

Palm Harbor, FL 34683  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA M. White at (727) 515-0453  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Time Mortgage Inc
2. The principal office address: 989 Georgia Ave  
Palm Harbor, FL 34683
3. The mailing address (if different): 802 Michigan Ave  
Palm Harbor, FL 34683
4. Date of incorporation/qualification: 8/5/2002 Document number: P02 000084929
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CSC  
1201 Hays St.  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert F. Cohen CPA  
2918 Busch Lake Blvd  
(P.O. Box NOT acceptable)  
Tampa, FL 33614-3202

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DIVISION OF CORPORATIONS  
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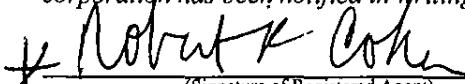
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

MARIA M. WHITE Owner  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

X NOV 29, 2006  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)