

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

04-14-2003 90855 001 ****75.00
04-14-2003 90855 002 ****75.00

DOCUMENT # P02000092274

1. Entity Name
ABBOTT MORTGAGE, INC.

Principal Place of Business
34851 HIGHWAY 54
400-
ZEPHYRHILLS FL 33541

Mailing Address
34851 HIGHWAY 54
400-
ZEPHYRHILLS FL 33541

33041003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0793925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, CARL D
34851 HIGHWAY 54
400- 101
ZEPHYRHILLS FL 33541

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 **PD** ☐ Delete
NAME **HILL, CARL D**
STREET ADDRESS **34851 HIGHWAY 54, SUITE 100**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **STD** ☐ Delete
NAME **OSTERMANN, KEITH**
STREET ADDRESS **34851 HIGHWAY 54, SUITE 100**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **Suite 101**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Suite 101**
CITY-ST-ZIP

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 empowerments.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 (813) 782-7705

Date

Daytime Phone #

CR2E034 (10/02)