

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90072 035 \*\*\*150.00

DOCUMENT # P02000098288

1. Entity Name  
FIRST REPUBLIC MORTGAGE, INC.



Principal Place of Business  
170 N FLORIDA AVE  
BARTOW FL 33830

Mailing Address  
170 N FLORIDA AVE  
BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

1803 SALEM RD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LAKE LAND FL

City & State  
Same

4. FEI Number  
30-0115481

Applied For  
Not Applicable

Zip  
33803

Country

Zip

Country

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

ALLEN, ERIC K  
170 N FLORIDA AVE  
BARTOW FL 33830

Name  
THOMAS E. HEDDON

Street Address (P.O. Box Number is Not Acceptable)

1604 STEPHANIE LN

LAKE LAND, FL 33813

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
THOMAS E. HEDDON  
1604 STEPHANIE LN LAKE LAND, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRES.  
ROBERT SELLS  
424 E. LK. BONNY DR  
LAKE LAND, FL 33801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

Date

Daytime Phone #

3-25-03 863 646-0155

CR2E034 (10/02)