

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90176 001 *****8.75
09-05-2003 90176 002 ***550.00

DOCUMENT # P02000102785

1. Entity Name

FAMILY SECURITY MORTGAGE, INC.



Principal Place of Business
**4608 WHITE DOVE COURT
JACKSONVILLE FL 32259**

Mailing Address
**4608 WHITE DOVE COURT
JACKSONVILLE FL 32259**

330550646



2. Principal Place of Business
**1730 KINGSLEY AVE.
SUITE H**

3. Mailing Address
**4608 WHITE DOVE CT.
SUITE H**

☒ CHECK HERE IF MAKING CHANGES

City & State
ORANGE PARK, FL

City & State
JACKSONVILLE, FL 32259

4. FEI Number
75-3081193

Applied For
☐ Not Applicable

Zip
32073

Country
FLA

Zip
32259

Country
ST. JAMES

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

**ALLEY, MICHAEL E
4608 WHITE DOVE COURT
JACKSONVILLE FL 32259**

Name
- SAME -
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 *Michael E. Alley* **MICHAEL E. ALLEY (PRES)** **9-3-03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PT ALLEY, MICHAEL E 4608 WHITE DOVE COURT JACKSONVILLE FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ALLEY, RHIANNON R 4608 WHITE DOVE COURT JACKSONVILLE FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Michael E. Alley* **9-3-03** **904-264-9995**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)