

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P02000117076

1. Entity Name  
TOTAL REQUEST MORTGAGE INC.



05-01-2003 90922 001 \*\*\*150.00  
05-01-2003 90922 002 \*\*\*\*\*8.75

Principal Place of Business  
349 SE 3 STREET  
BELLE GLADE FL 33430

Mailing Address  
349 SE 3 STREET  
BELLE GLADE FL 33430



2. Principal Place of Business  
349 S.E 3rd Street  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1786  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Belle Glade FL

City & State  
Belle Glade FL

4. FEI Number  
02-0684817

Applied For  
Not Applicable

Zip  
33430 Country  
Palm Beach

Zip  
33430 Country  
Palm Beach

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

## 6. Name and Address of Current Registered Agent

WALKER, JAVIN L  
349 SE 3 STREET  
BELLE GLADE FL 33430

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Executive Director	<input type="checkbox"/> Delete
NAME	Daniel Walker	
STREET ADDRESS	400 Crestwood Court Apt. 420	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Javin Walker	
STREET ADDRESS	349 SE 3rd Street	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	Director Secretary	<input type="checkbox"/> Delete
NAME	Dorothy Walker	
STREET ADDRESS	256 NW 9th Street	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Walker	
STREET ADDRESS	400 Crestwood Court Apt. 420	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Javin Walker	
STREET ADDRESS	349 SE 3rd Street	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	Director Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Walker	
STREET ADDRESS	256 NW 9th Street	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: Daniel Walker REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 561-985-8845  
Date Daytime Phone #

CR2E034 (10/02)