

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90155 050 ***158.75

DOCUMENT # P02000125242

1. Entity Name
TRUST HOUSE MORTGAGE, INC.



Principal Place of Business
2425 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

Mailing Address
2425 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

70034601



2. Principal Place of Business
4901 NORTH FEDERAL HIGHWAY
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
4901 NORTH FEDERAL HIGHWAY
Suite, Apt. #, etc.
Suite 300

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number ☒ **Applied For**
Not Applicable

Zip **33308** **Country** **U.S.A.**

Zip **33308** **Country** **U.S.A.**

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

WEST, RAY B
2425 EAST COMMERCIAL BLVD.
SUITE 300
FORT LAUDERDALE FL 33308

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 *Ray B. West, President Ray B. West*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE *4/2/03*

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 NAME STREET ADDRESS CITY-ST-ZIP	D WEST, RAY B 2425 EAST COMMERCIAL BLVD. FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, ROBERT E 2425 EAST COMMERCIAL BLVD. FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTERO, AL 2425 EAST COMMERCIAL BLVD. FORT LAUDERDALE FL 33308	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4901 NORTH FEDERAL HIGHWAY, #300 Ft. Lauderdale, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4901 NORTH FEDERAL HIGHWAY, #300 Ft. Lauderdale, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4901 NORTH FEDERAL HIGHWAY, #300 Ft. Lauderdale, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ray B. West, President Ray B. West* **DATE** *4/2/03* **DAYTIME PHONE #** *954-357-2088*

CR2E034 (10/02)