

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91442 036 ***150.00

0010418 AT

DOCUMENT # P02000131221

1. Entity Name

A FAST CLOSE MORTGAGE SERVICES, INC.



Principal Place of Business

6251 34TH STREET N. SUITE 201
PINELLAS PARK FL 33781

Mailing Address

6251 34TH STREET N. SUITE 201
PINELLAS PARK FL 33781

2. Principal Place of Business

5030-78th Ave. No.

3. Mailing Address

5030-78th Ave. No.

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

#8

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

Zip

33781

Country

Zip

33781

Country

4. FEI Number

16-1642504

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

LANG, DOUGLAS

8215 SOLANO BAY LOOP #1123

TAMPA FL 33635

7. Name and Address of New Registered Agent

Name

DOUGLAS LANG

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

10129 PARLEY DR.

City

TAMPA

FL

Zip Code

33626

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

Douglas Lang
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 ☐ Delete
NAME D
STREET ADDRESS LAWRENCE, VINCENT
CITY-ST-ZIP 1714 LAKEWOOD DR. S.
ST. PETERSBURG FL 33712

TITLE ☐ Delete
NAME D
STREET ADDRESS LANG, DOUGLAS
CITY-ST-ZIP 8215 SOLANO BAY LOOP #1123
TAMPA FL 33635

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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NAME
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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:

Douglas Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS LANG 4/26/03

Date

Daytime Phone #

727-224-9094

CR2E034 (10/02)