

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90202 038 ***150.00

0000131 AT

DOCUMENT # P02000131293

1. Entity Name

A REAL SOLUTION MORTGAGE CORP.



Principal Place of Business

4423 LINDEN AVE.
PALM BEACH GARDENS FL 33410

Mailing Address

4423 LINDEN AVE.
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

772 US Highway One

Suite, Apt. #, etc.

Suite 100B

City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Address

772 US Highway One

Suite, Apt. #, etc.

Suite 100B

City & State

North Palm Beach, FL

Zip

33408

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

32-0047139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUM, STACY

4423 LINDEN AVE.

PALM BEACH GARDENS FL 33410

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BLUM, STACY
4423 LINDEN AVE.
PALM BEACH GARDENS FL 33410

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

(561) 436-4848

Date

Daytime Phone #

CR2E034 (10/02)