

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-18-2003 90197 020 ***150.00

DOCUMENT # P02000132480

1. Entity Name

PREMIER MORTGAGE OF SOUTH WEST FLORIDA, INC.



Principal Place of Business
3220 BERMUDA ISLE CIRCLE
1132
NAPLES FL 34109
US

Mailing Address
PO BOX 110673
NAPLES FL 34108
US

2. Principal Place of Business

9853 TAMiami TRAIL NORTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 227 B

City & State

NAPLES FL.

City & State

4. FEI Number

27-0040935

Applied For

☒ Not Applicable

Zip

34108

Country

COLLIER

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CITARELLA, WILLIAM G
3220 BERMUDA ISLE CIRCLE
1132
NAPLES FL 34109

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 **WILLIAM G CITARELLA**

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 **P** ☐ Delete
NAME **CITARELLA, WILLIAM G**
STREET ADDRESS **3220 BERMUDA ISLE CIRCLE, APT 1132**
CITY-ST-ZIP **NAPLES FL 34109**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **WILLIAM G CITARELLA**

4-12-03

239 250 1436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)