

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000010123

FILED
Sep 18, 2009
Secretary of State

Entity Name: UNITED HOME MORTGAGE CENTER OF FLORIDA, INC.

Current Principal Place of Business:

12323 SW 55TH ST, STE 1002-B
COOPER CITY, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

12323 SW 55TH ST, STE 1002-B
COOPER CITY, FL 33330 US

New Mailing Address:

FEI Number: 61-1464654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITALE, PERRY
8402 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

CHAMBLESS, DAVID
12323 SW 55 STREET STE 12002-B
COOPER CITY, FL 33330 US

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.

SIGNATURE: DAVID CHAMBLESS

09/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CHAMBLESS, DAVID
Address: 8402 S US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: V (X) Delete
Name: SANCHEZ, YISELLE
Address: 8402 S US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T () Delete
Name: BROWNELL, PAUL
Address: 8402 S US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAMBLESS, DAVID
Address: 12323 SW 55 STREET STE 1002-B
City-St-Zip: COOPER CITY, FL 33330

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T S (X) Change () Addition
Name: BROWNELL, PAUL
Address: 12323 SW 55 STREET STE 1002-B
City-St-Zip: COOPER CITY, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BROWNELL

T

09/18/2009

Electronic Signature of Signing Officer or Director

Date