

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90097 001 ***300.00

DOCUMENT # P93000024853



1. Entity Name
BARCLAY MORTGAGE CORP.

Principal Place of Business
2503 DEL PRADO BLVD
CAPE CORAL FL 33904
US

Mailing Address
2503 DEL PRADO BLVD
CAPE CORAL FL 33904
US

JJUUUUJ10



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0398797

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LARROW, PAUL L
3501-302 DEL PRADO BLVD
CAPE CORAL FL 33904

Name **LARROW, PAUL L.**
Street Address (P.O. Box Number is Not Acceptable) **3501 DEL PRADO BLVD, SUITE 312**
City **CAPE CORAL** FL Zip Code **33904**

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 **PAUL L. LARROW** **01/16/2003**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | TEAGUE, ROSEMARY | |
| STREET ADDRESS | 4414 GRAND AVE | |
| CITY-ST-ZIP | NORTH BERGEN NJ 07047 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | BARZOLA, WILLIAM | |
| STREET ADDRESS | 4414 GRAND AVE | |
| CITY-ST-ZIP | NORTH BERGEN NJ 07047 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TEAGUE, GEORGE | |
| STREET ADDRESS | 2616 SW 26TH TERR | |
| CITY-ST-ZIP | CAPE CORAL FL 33914 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LARROW, PAUL L | |
| STREET ADDRESS | 3501-302 DEL PRADO BLVD | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LARROW, PAUL L | |
| STREET ADDRESS | 3501-312 DEL PRADO BLVD | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

SIGNATURE REQUIRED

2-4-03

77-2-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)