

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/21

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90114 013 ***150.00

DOCUMENT # P93000051809

1. Entity Name
SAMPLE MORTGAGE CORPORATION



Principal Place of Business
454 E. PALMETTO PARK ROAD
BOCA RATON FL 33432
US

Mailing Address
454 E. PALMETTO PARK ROAD
BOCA RATON FL 33432
US

2. Principal Place of Business
429 NE 34th Street
Suite, Apt. #, etc.

3. Mailing Address
429 NE 34th Street
Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number **65-0429448**

Applied For
Not Applicable

Zip
33431

Country
USA

Zip
33431

Country
USA

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

SAMPLE, WILLIAM D
454 E. PALMETTO PARK ROAD
BOCA RATON FL 33432

Name
William D. Sample
Street Address (P.O. Box Number is Not Acceptable)
429 NE 34th Street

City **Boca Raton** **FL** **Zip Code** **33431**

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 *X William D. Sample*

DATE *X 01/14/03*

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 **P** ☐ **Delete**
NAME **SAMPLE, WILLIAM D**
STREET ADDRESS **454 E. PALMETTO PARK ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **429 NE 34th Street**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ **Delete**
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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: *X SIGNATURE REQUIRED*

X 02/10/03 (561) 338-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William D. Sample

CR2E034 (10/02)