

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90223 018 ***150.00

DOCUMENT # P93000075537

1. Entity Name
FIRSTBANK MORTGAGE COMPANY, INC.

Principal Place of Business

11100 SAN JOSE BLVD.
JACKSONVILLE FL 32223

Mailing Address

11100 SAN JOSE BLVD.
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3208650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WELLS, CLYDE N JR
11100 SAN JOSE BLVD.
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

AVERY, JOHN T.

Street Address (P.O. Box Number is Not Acceptable)

11100 SAN JOSE BOULEVARD

P. O. Box 56530

City

JACKSONVILLE

FL

Zip Code
32223

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ALTERS, TIMOTHY D**
STREET ADDRESS **4500 SALISBURY RD., SUITE 160**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☒ Delete
NAME **JENNINGS, JUDITH C**
STREET ADDRESS **2120 WHITE WING DOVE PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **DVPS** ☒ Delete
NAME **WELLS, CLYDE N JR**
STREET ADDRESS **5032 ORTEGA FOREST DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☒ Delete
NAME **ALTERS, TIMONTY D**
STREET ADDRESS **2020 VELA NORTE CIR.**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition
NAME **AVERY, JOHN T.**
STREET ADDRESS **4066 LAZY HOLLOW LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** ☐ Change ☒ Addition
NAME **HOYT, CHRISTOPHER**
STREET ADDRESS **4816 YACHT CLUB ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☐ Change ☒ Addition
NAME **WELLS, ALFRED W., JR.**
STREET ADDRESS **4234 LAKESIDE DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☐ Change ☒ Addition
NAME **WHEELER, R. LAMAR, JR.**
STREET ADDRESS **13842 SPARTANBURG COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

John T. Avery

SIGNATURE:

4/16/02

904 262-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)