

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90055 022 \*\*\*150.00

**DOCUMENT # P93000076505**

1. Entity Name

**EMPIRE HOME MORTGAGE, INC.**

Principal Place of Business

**3410-B NORTH HARBOR CITY BLVD  
MELBOURNE FL 32935**

Mailing Address

**3410-B NORTH HARBOR CITY BLVD  
MELBOURNE FL 32935**

2. Principal Place of Business

**2210 S. FRONT ST  
Suite, Apt. #, etc.  
308**

3. Mailing Address

**1345 N. Hwy A1A  
Suite, Apt. #, etc.  
310**

City & State

**MELBOURNE FL**

City & State

**INDIAN LANTIC FL**

4. FEI Number

**59-3209400**

Applied For

Not Applicable

Zip

**32901**

Country

**BREVARD**

Zip

**32903**

Country

**BREVARD**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GALLIGAN, JANET  
1900 S. HARBOR CITY BLVD.  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **JANET AMATO**  
Street Address (P.O. Box Number is Not Acceptable)

**1345 N Hwy A1A #310  
City INDIAN LANTIC FL Zip Code 32903**

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 **Janet Amato**  
Signature, typed or printed name of registered agent and title if applicable.

**JANET AMATO**  
(NOTE: Registered Agent signature required when reinstating)

**3/25/02**  
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	DP	<input checked="" type="checkbox"/> Delete
NAME	<b>GALLIGAN, JANET</b>	
STREET ADDRESS	<b>3410 B NORTH HARBOR CITY BLVD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANET AMATO</b>	
STREET ADDRESS	<b>1345 N Hwy A1A #310</b>	
CITY-ST-ZIP	<b>INDIAN LANTIC FL 32903</b>	
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		<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		

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.

SIGNATURE: **Janet Amato** **3/25/02** **321-984-3366**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daytime Phone #

019660 AV

CR2E034 (9/01)