

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90033 030 ***150.00

DOCUMENT # P94000029734

1. Entity Name
1ST FLORIDA STATE MORTGAGE CO.

Principal Place of Business 1600 SARNO ROAD SUITE 1 MELBOURNE FL 32935	Mailing Address 1600 SARNO ROAD SUITE 1 MELBOURNE FL 32935
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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 **59-3235870**

Applied For
☐ **Not Applicable**

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

ARNOFF, DAVID
1600 SARNO ROAD
SUITE 1
MELBOURNE FL 32935

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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]* *[Signature]* *1/08/02*
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNOFF, DAVID	NAME			
STREET ADDRESS	4167 MOCKINGBIRD LANE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNOFF, LEE	NAME			
STREET ADDRESS	4747 S. WASHINGTON AVE.	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNOFF, LISA	NAME			
STREET ADDRESS	4167 MOCKINGBIRD LANE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)