

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064482

1. Entity Name

JACKSON FEDERAL MORTGAGE CORPORATION

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90047 023 \*\*\*150.00

Principal Place of Business

4800 BEACH BLVD  
#3  
JACKSONVILLE FL 32207  
US

Mailing Address

4800 BEACH BLVD  
#3  
JACKSONVILLE FL 32207  
US

2. Principal Place of Business

3015 HARTLEY ROAD  
Suite, Apt. #, etc.  
16

3. Mailing Address

3015 HARTLEY RD  
Suite, Apt. #, etc.  
16

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3260956

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32257

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

SMITH, LARRY L  
4800 BEACH BLVD  
#5  
JACKSONVILLE FL 32207

Name

LARRY L. SMITH

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

3015 HARTLEY ROAD #16

City

JACKSONVILLE

FL

Zip Code

32257

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, 2001 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 PST ☐ Delete  
NAME SMITH, LARRY L  
STREET ADDRESS 4800 BEACH BLVD, #5  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE PST ☒ Change ☐ Addition  
NAME LARRY L. SMITH  
STREET ADDRESS 3015 HARTLEY RD #16  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 9048804002

Date

Daytime Phone #

CR2E034 (10/00)