

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91289 032 ***150.00

DOCUMENT # P94000064700

1. Entity Name

PONTE VEDRA MORTGAGE, INC.



Principal Place of Business

4 SAWGRASS VILLAGE
SUITE 120
PONTE VEDRA BEACH FL 32082

Mailing Address

4 SAWGRASS VILLAGE
SUITE 120
PONTE VEDRA BEACH FL 32082

11023519



2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

3108 SAWGRASS VILLAGE CIE
Ponte Vedra Bch, FL

Suite, Apt., #, etc.

SAME
City & State

☒ CHECK HERE IF MAKING CHANGES

Zip

Country

32082

ST. JOHNS

Zip

Country

4. FEI Number

59-3264616

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

BARTLETT, BARON L P.A.

615 HWY A1A

SUITE 101

PONTE VEDRA BEACH FL 32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALLEN, JERI
4 SAWGRASS VILLAGE, SUITE 120
PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
3-108 SAWGRASS Village Circle
Ponte Vedra Bch, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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 individuals empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

904-985-3388

Date

Daytime Phone #

CR2E034 (10/02)