

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90111 016 ***150.00

DOCUMENT # P95000040997

1. Entity Name
BIG BEND MORTGAGE, INC.



Principal Place of Business
2917 LIVINGSTON RD
STE 100
TALLAHASSEE, FL 32303 US

Mailing Address
2917 LIVINGSTON RD
100
TALLAHASSEE, FL 32303 US

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

59-3315824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGSTON, RUTH A
22 DEER PASS
HAVANA, FL 32333

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 withdrawing)

DATE

FILE NOW!! FEE IS \$450.00
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

TITLE PD ☐ Delete
NAME **LANGSTON, WAYNE B**
STREET ADDRESS **2917 LIVINGSTON RD., STE 100**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE VP ☐ Delete
NAME **LANGSTON, RUTH**
STREET ADDRESS **2917 LIVINGSTON RD STE 100**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE SD ☐ Delete
NAME **LANGSTON, RUTH**
STREET ADDRESS **2917 LIVINGSTON RD., STE 100**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE TD ☐ Delete
NAME **MIMS, DEBRA**
STREET ADDRESS **2917 LIVINGSTON RD., STE 100**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Chairman of the Board ☒ Change ☐ Addition
NAME **Langston, Wayne B,**
STREET ADDRESS **2917 Livingston Rd. Ste. 100**
CITY-ST-ZIP **Tallahassee, FL 32303**

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

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

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

TITLE President ☐ Change ☒ Addition
NAME **Linton, Gary F.**
STREET ADDRESS **2917 Livingston Rd. Ste. 100**
CITY-ST-ZIP **Tallahassee, FL 32303**

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

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 like empowered.

SIGNATURE:

Ruth Langston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

850-562-5626

Daytime Phone #

CR2E034 (10/02)