

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90242 044 \*\*\*150.00

**DOCUMENT # P95000055376**

1. Entity Name

**P & M MORTGAGE AND INVESTMENT, INC.**



Principal Place of Business

**4069 13TH STREET #300  
ST. CLOUD FL 34769  
US**

Mailing Address

**4069 13TH STREET #300  
ST. CLOUD FL 34769  
US**

**20007956**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**843 Cypress Pky  
#302  
Kissimmee, FL  
34159 USA**

**843 Cypress Pky.  
#302  
Kissimmee, FL  
34159 USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3327788**

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

**GREENWOOD, W.P. CEO**

**4069 13TH STREET, #102  
SUITE 300  
ST. CLOUD FL 34769**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GREENWOOD, W.P.</b>	
STREET ADDRESS	<b>15121 MANGAUX DRIVE</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34744</b>	
TITLE	<b>VPGM</b>	<input type="checkbox"/> Delete
NAME	<b>GREENWOOD, W.N.</b>	
STREET ADDRESS	<b>1568 ANONADA BLVD.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GREENWOOD, MK.</b>	
STREET ADDRESS	<b>4530 OAK CREEK STREET, #206</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**116103 407-931-1033**

Date

Daytime Phone #