

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082668

1. Entity Name

PREFERRED MORTGAGE SOURCE, INC.

P

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90014 031 \*\*\*150.00

Principal Place of Business

2224 SOUTH 14TH STREET  
LEESBURG FL 34748

Mailing Address

POB 490597  
LEESBURG FL 34749  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3339928

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCEACHERN, KAREN J  
728 CARPENTER AVE  
LEESBURG FL 34748

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, 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PS ☐ Delete  
NAME MCEACHERN, KAREN J  
STREET ADDRESS 728 CARPENTER AVE  
CITY-ST-ZIP LEESBURG FL 34748

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  
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

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

8/15/00  
Date

Daytime Phone #

CR2E034 (5/00)

Attachment # P9500092008 DW 79/41

KAREN J. MCEACHERN, PRESIDENT  
PREFERRED MORTGAGE SOURCE, INC.  
PO BOX 490597  
LEESBURG, FLORIDA 34749

JULY 28, 2000

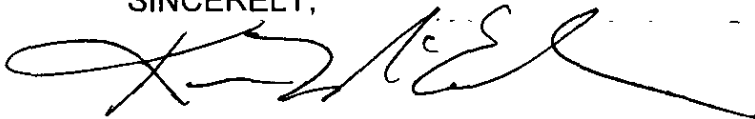
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
PO BOX 1500  
TALLAHASSEE, FL. 32302-1500

RE: CORPORATE ANNUAL REPORT

GENTLEMEN:

ENCLOSED PLEASE FIND MY 2000 UNIFORM BUSINESS REPORT. I AM  
ENCLOSING A CHECK FOR \$150 FOR THE ANNUAL FILING. I AM NOT  
INCLUDING THE \$400 PENALTY DUE TO REASONABLE CAUSE. OUR  
COMPANY DID NOT RECEIVE THE INITIAL REPORTING FORM FROM YOUR  
OFFICE. THUS, YOUR CONSIDERATION IN THIS MATTER WOULD BE  
APPRECIATED. IF ANY ADDITIONAL INFORMATION IS NEEDED PLEASE  
DO NOT HESITATE TO CONTACT ME.

SINCERELY,

A handwritten signature in black ink, appearing to read 'K. McEachern', with a long horizontal flourish extending to the right.

KAREN MCEACHERN, PRESIDENT