

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P-96000027530*

1. Entity Name

*Florida Mortgage Services, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*28000 Spanish Wells Blvd*  
Suite, Apt. #, etc.  
*Suite 104*

3. Mailing Address

*28000 Spanish Wells Blvd*  
Suite, Apt. #, etc.  
*Suite 104*

City & State

*Barita Springs, FL*

City & State

*Barita Springs, FL*

Zip

*34135*

Country

*USA*

Zip

*34135*

Country

*USA*

4. FEI Number

*15-0658572*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

*Norman B. Kluger*

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

*28000 Spanish Wells Blvd*

*Suite 104*

City

*Barita Springs*

FL

Zip Code

*34135*

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

*Norman B. Kluger*

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

*N. B. Kluger*

*8/5/02*

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*President, Secretary & Treasurer*  
*Norman B. Kluger*  
*28000 Spanish Wells Blvd*  
*Barita Springs, FL 34135*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Norman B. Kluger Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*N. B. Kluger*

*8/5/02*

DATE

Daytime Phone

*239-498-3330*

CR2E034B (12/01)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*308.75 \*\*\*308.75

**2001-2002 UBR**

*After Chment*

*JP 96000027530*

*2082*



FLORIDA MORTGAGE SERVICES inc.  
Licensed Mortgage Brokerage Business

EURO-AMERICAN BUILDING • SUITE 104  
28000 SPANISH WELLS BOULEVARD • BONITA SPRINGS, FL 34135-2850  
FAX: (941) 498-7992 PHONE & 24 HR. PACER: (941) 498-3330

August 5, 2002

Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Gentlepersons:

Attached herewith is a completed Uniform Business Report for a Profit Corporation together with our check in the amount of \$308.75 to cover the cost of registration for the 2001 and 2002 and a Certificate of Good Standing once this status is achieved.

We did not receive the notices for either year and thus request that reinstatement fees and/or penalties for late payments be waived.

Please note our new address:                      28000 Spanish Wells Blvd.  
Suite 104  
Bonita Springs, FL 34135

Email Address:                      "[floridamortgage@earthlink.net](mailto:floridamortgage@earthlink.net)"

In addition, it should be noted that the new Telephone Area Code is 239.

Thank you for your prompt attention to this request.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Norman B. Kluger'.  
Norman B. Kluger  
President