

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90053 026 \*\*\*150.00

**DOCUMENT # P96000045517**

1. Entity Name

**SOUTHERN HOME MORTGAGE, INC.**

Principal Place of Business

**1 CORMORANT CIR  
DAYTONA BCH FL 32119  
US**

Mailing Address

**PO BOX 551260  
JACKSONVILLE FL 32255****A0043275**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**933 Beville Road**

3. Mailing Address

Suite, Apt. #, etc.

**103-F**

Suite, Apt. #, etc.

City &amp; State

**South Daytona, FL**

City &amp; State

Zip

**32119**

Country

Zip

Country

4. FEI Number **59-3382006**

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****ANSBACHER, LEWIS  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE FL 32256**

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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	VS	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHWARTZ, WINSTON</b>	
STREET ADDRESS	<b>1 CORMORANT CIR</b>	
CITY-ST-ZIP	<b>DAYTONA BCH FL 32119</b>	

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	<b>ADLEY, JAMIE</b>	
STREET ADDRESS	<b>1 CORMORANT CIR</b>	
CITY-ST-ZIP	<b>DAYTONA BCH FL 32119</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Adley, Jamie</b>	
STREET ADDRESS	<b>933 Beville Road #103-F</b>	
CITY-ST-ZIP	<b>South Daytona, FL 32119</b>	

TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Schwartz, Winston</b>	
STREET ADDRESS	<b>933 Beville Road #103-F</b>	
CITY-ST-ZIP	<b>South Daytona, FL 32119</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**JAMIE ALAN ADLEY**

Date

**2/20/01 904 760 2535**

Daytime Phone #

CR2E034 (10/00)