

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90011 018 ***158.75

DOCUMENT # P96000056187

1. Entity Name

GOLDEN RULE MORTGAGES, INC.

Principal Place of Business

792 W. LUMSDEN RD.
 BRANDON, FL 33511

Mailing Address

792 W. LUMSDEN RD.
 BRANDON, FL 33511

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

59-3391169

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

JOSEPH M. OWEN
 2630 CRESTFIELD DR.
 VALRICO, FL 33511

Name

JOSEPH M. OWEN

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

2423 VALRICO FOREST DR.

City

VALRICO,

FL

Zip Code

33594

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

Joseph M. Owen, PRESIDENT

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 V.P./SECY. ☐ Delete
 NAME GAIL P. OWEN
 STREET ADDRESS 2630 CRESTFIELD DR.
 CITY-ST-ZIP VALRICO, FL 33594

TITLE P, T ☒ Change ☐ Addition
 NAME JOSEPH M. OWEN ADDRESS
 STREET ADDRESS 2423 VALRICO FOREST DR.
 CITY-ST-ZIP VALRICO, FL 33594

TITLE PRES./TREAS. ☐ Delete
 NAME JOSEPH M. OWEN
 STREET ADDRESS 2630 CRESTFIELD DR.
 CITY-ST-ZIP VALRICO, FL 33594

TITLE V., S. ☒ Change ☐ Addition
 NAME GAIL P. OWEN ADDRESS
 STREET ADDRESS 2423 VALRICO FOREST DR.
 CITY-ST-ZIP VALRICO, FL 33594

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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:

Joseph M. Owen JOSEPH M. OWEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

813-653-2644

Daytime Phone #

CR2E034 (11/00)