

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90010 044 ***158.75

DOCUMENT # **P96000056187 ✓**

1. Entity Name

GOLDEN RULE MORTGAGES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

792 WEST LUMSDEN RD.

3. Mailing Address

792 WEST LUMSDEN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRANDON, FLORIDA

City & State

BRANDON, FLORIDA

4. FEI Number

59-3391169

Applied For

Not Applicable

Zip

33511

Country

U.S.A.

Zip

33511

Country

U.S.A.

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

OWEN, JOSEPH M.

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

792 WEST LUMSDEN RD.

City

BRANDON,

FL

Zip Code

33511

**DO NOT WRITE
IN THIS SPACE**

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 JOSEPH M. OWEN

1-25-02

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)

☐

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
**D
OWEN, JOSEPH M.
792 WEST LUMSDEN RD.
BRANDON, FLORIDA 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
OWEN, GAIL P.
792 WEST LUMSDEN RD.
BRANDON, FLORIDA 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

Joseph M. Owen

JOSEPH M. OWEN, PRESIDENT 1-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-653-2644
EXT. 222**

CR2E034B (12/01)