

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90061 010 ***150.00

DOCUMENT # P96000071613

1. Entity Name

FLAGLER/G.R.B. MORTGAGE INC.

Principal Place of Business

**6635 W COMMERCIAL BLVD
 SUITE 116A
 TAMARAC FL 33319
 US**

Mailing Address

**6635 W COMMERCIAL BLVD
 SUITE 116A
 TAMARAC FL 33319
 US**

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

65-0689534

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

**PRINCE, RUTH
 23504 MIRABELLA CIRCLE S
 BOCA RATON FL 33433**

Name

Ruth PRINCE

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

8768 MILPORT DRIVE

City

Boynton Beach

FL

Zip Code

33437

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

Ruth Prince

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PSTD** ☐ Delete
 NAME **PRINCE, RUTH**
 STREET ADDRESS **23504 MIRABELLA CIRCLE S**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **Ruth PRINCE**
 STREET ADDRESS **8768 MILPORT DRIVE**
 CITY-ST-ZIP **Boynton Beach FL 33437**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Ruth Prince **Ruth Prince**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

Date

954-720-8505

Daytime Phone #

CR2E034 (9/01)