

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P96000081907

FILED
Aug 30, 2000 8:00 am
Secretary of State

06-09-2000 90220 043 ***150.00
 08-30-2000 90003 016 ***400.00

1. Entity Name UNION BANCSHARES MORTGAGE CORP.			
Principal Place of Business 2208 US 19 N SUITE 260 HOLIDAY FL 34691 US		Mailing Address 2208 US 19 N SUITE 260 HOLIDAY FL 34691-4351 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number 59-3399643	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CRUMBLEY, AL 9108 US HIGHWAY 19 PORT RICHEY FL 34668		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUMBLEY, AL 9108 US HIGHWAY 19 PORT RICHEY FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUDET, STEPHEN 2208 US 19 N HOLIDAY FL 34691	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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: <i>STEPHEN AUDET</i>		Date: 5-1-00 Daytime Phone #: 787-938-8331	



DO NOT WRITE IN THIS SPACE