

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90426 001 \*\*\*150.00

0070316 AV

**DOCUMENT # P97000053231**

1. Entity Name  
**PROFESSIONAL MORTGAGE ASSOCIATES, INC.**



Principal Place of Business  
**3131 NW 13TH ST.,  
STE33  
GAINESVILLE FL 32609**

Mailing Address  
**3131 NW 13TH ST., SUITE 33  
GAINESVILLE FL 32609**



2. Principal Place of Business  
**100 SW nightingale st**

3. Mailing Address  
**100 SW nightingale st**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**keystone Heights FL**

City & State  
**keystone Heights FL**

Zip  
**32656**

Country  
**USA**

4. FEI Number  
**59-3453434**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**TAYLOR JR., JAMES J**  
**420 S LAWRENCE BLVD**  
**KEYSTONE HEIGHTS FL 32656**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required


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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEYMOUR, HAROLD D</b> <b>3131 NW 13TH ST., SUITE 33</b> <b>GAINESVILLE FL 32609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-03**

Date

Daytime Phone #

CR2E034 (10/02)