

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

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

Suite, Apt. #, etc.

3. Mailing Address

100 SW nightingale st

Suite, Apt. #, etc.

City & State

keystone Heights FL

Zip

32656

Country

USA

City & State

keystone Heights FL

Zip

32656

Country

USA

4. FEI Number

59-3453434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

TITLE **D** ☐ Delete
NAME **SEYMOUR, HAROLD D**
STREET ADDRESS **3131 NW 13TH ST., SUITE 33**
CITY-ST-ZIP **GAINESVILLE FL 32609**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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:

HAROLD SEYMOUR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)