

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068398

1. Entity Name

LIBERTY MORTGAGE, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90047 030 ***150.00

Principal Place of Business

Mailing Address

3033 HARTLEY RD
7
JACKSONVILLE FL 32257
US

3033 HARTLEY RD
7
JACKSONVILLE FL 32257
US

2. Principal Place of Business

2980 HARTLEY Rd.
Suite Apt. #, etc.

3. Mailing Address

2980 HARTLEY Rd.
Suite Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32257

Country

FL

Zip

32257

Country

FL

4. FEI Number

59-3464373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOMER, ELBERT G
3063 HARTLEY RD, STE 1
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
COOMER, ELBERT G.

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

2980 HARTLEY Rd. #2

City

Jacksonville

FL

Zip Code

32257

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

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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COOMER, ELBERT G
3033 HARTLEY RD #7
JACKSONVILLE FL 32257

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COOMER, ELBERT G.
2980 HARTLEY Rd. #2
JACKSONVILLE, FL 32257

☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)