

2002

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p97000078678

1. Entity Name

MELBOURNE MORTGAGE COMPANY

Principal Place of Business

Mailing Address

3150 North Wickham Road
Suite #4
Melbourne FL, 329353150 North Wickham RD
Suite # 4
Melbourne FL, 32935

B0018089

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2002 UBR

4. FEI Number

59-3469871

Applied For

Not Applicable

6. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PATRICIA L. SUBLETTE
293 Edward RD
W. Melbourne FL, 32935

Patricia L. Sublette

3150 WICKHAM RD, STE 4

MELBOURNE

FL

32935

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

Patricia L. Sublette

1-24-2002

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

(NOTE: Registered Agent signature required when reissuing)

DATE

his 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 State10. 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 NAME STREET ADDRESS CITY-STATE-ZIP	VPTD ANTHONY L. GUIDONE 821 Vance Circle NE Palm Bay, FL 32905	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT PATRICIA L. SUBLETTE 293 Edward RD Melbourne FL, 32935
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY ANTHONY CHARLES GUIDONE 430 Heather Avenue Palm Bay FL, 32907	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY TIMOTHY L. BRETZ 631 Crowberry RD Palm Bay, FL 32907
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREASURER MATTHEW L. BRETZ 135 Niemira AVE, Unit East Indianapolis FL, 32903
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 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:

Patricia L. Sublette

Patricia L. Sublette

1-24-2002

CR2E034 (11/00)