

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029028

1. Entity Name
CAPITAL HOME MORTGAGE OF DUVAL INC.

Principal Place of Business

4492 SOUTHSIDE BLVD
SUITE 205
JACKSONVILLE FL 32216
US

Mailing Address

4492 SOUTHSIDE BLVD
SUITE 205
JACKSONVILLE FL 32216
US

2. Principal Place of Business

5836 Richard ST
Suite, Apt. #, etc.

3. Mailing Address

5836 Richard ST.
Suite, Apt. #, etc.

City & State

JAX, FL.

City & State

JAX, FL.

Zip

32216

Country

US

Zip

32216

Country

US

4. FEI Number

85-0563535

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent:

WILLIAMS, ROBERT H
4153 WEATHERWOOD ESTATES DRIVE
JACKSONVILLE FL 32223

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT H	
STREET ADDRESS	4492 SOUTHSIDE BLVD., STE 205	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	WILLIAMS, ROBERT H. X	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5836 Richard ST.	
STREET ADDRESS	JAX, FL. 32216	
CITY-ST-ZIP		
TITLE	DINING, STEPHEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5836 Richard ST	
STREET ADDRESS	JAX, FL. 32216	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90053 016 ***150.00

932525



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)