

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90965 049 ***150.00

DOCUMENT # **P98000036872**

1. Entity Name

FIRST TRICOUNTY NORTGAB INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7280 SIENNA RIDGE DR

Suite, Apt. #, etc.

3. Mailing Address

7280 SIENNA RIDGE DR

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

Zip

33319

Country

USA

City & State

LAUDERHILL, FL

Zip

33319

Country

USA

4. FEI Number

65 0846517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**LENWOOD SPENCE
PRESIDENT
7280 SIENNA RIDGE DRIVE
LAUDERHILL, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MAXINE SPENCE
VICE PRESIDENT
7280 SIENNA RIDGE DRIVE
LAUDERHILL, FL 33319**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

954 486 8756

Daytime Phone #

CR2E034B (12/02)