

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90039 023 ***150.00

DOCUMENT # P98000069962

1. Entity Name
C & K MORTGAGE, INC.

Principal Place of Business

3117 SPRING GLEN RD
402
JAX. FL 32207

Mailing Address

3117 SPRING GLEN RD
402
JAX. FL 32207

2. Principal Place of Business

3117 Spring Glen Rd
Suite/Apt. #, etc.
406

City & State
JACKSONVILLE, FL
Zip
32207
Country
Duval

3. Mailing Address

3117 Spring Glen Rd
Suite/Apt. #, etc.
406

City & State
JACKSONVILLE, FL
Zip
32207
Country
Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3528194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMUELS, CLIFTON
10886 SADDLEHORN DR.
JAX. FL 32257

7. Name and Address of New Registered Agent

Name
Clifton Samuels
Street Address (P.O. Box Number is Not Acceptable)
1856 Commodore Point Dr.
City
Orange Park **FL** *Zip*
32003

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

Clifton Samuels, Clifton Samuels

4-25-02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SAMUELS, CLIFTON	
STREET ADDRESS	10886 SADDLE HORN DR	
CITY-ST-ZIP	JAX FL 32257	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOFTON, KERRY	
STREET ADDRESS	451 MONUMENT RD APT 1317	
CITY-ST-ZIP	JAX FL 32225	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>1856 Commodore Pt. Dr.</i>
CITY-ST-ZIP	<i>Orange Park, FL 32003</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>13042 Mt Pleasant Rd</i>
CITY-ST-ZIP	<i>Jacksonville, FL 32225</i>
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:

Clifton Samuels, Clifton Samuels 4-25-02 904-398-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)