

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090579

1. Entity Name

PRICE MORTGAGE, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90037 036 \*\*\*150.00

Principal Place of Business

Mailing Address

215 AVE D., S.W.  
WINTER HAVEN FL 33880

6658 HWY 544  
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

6658 STATE Road 544  
Suite, Apt. #, etc.

6658 State Road 544  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3539274

Applied For

Not Applicable

Winter Haven, FL

Winter Haven, FL

Zip  
33881

Country  
US

Zip  
33881

Country  
US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, LAWANDA  
217 AVE D., S.W.  
WINTER HAVEN FL 33880

Name

Price, Lawanda

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

6658 State Road 544

City

FL

Zip Code

Winter Haven

33881

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PRICE, LAWANDA  
6658 HWY 544  
WINTER HAVEN FL 33881

☐ Delete

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

TITLE  
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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 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:

*Lawanda Price*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2000

Date

863 419 1981

Daytime Phone #

CR2E034 (9/99)