

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90248 002 ***150.00

DOCUMENT # **P98000096249**

1. Entity Name

FLORIDA TRUST MORTGAGE INC

Principal Place of Business

Mailing Address

**365 WAYMONT CIR #109
 LAKE MARY FL 32746**

2. Principal Place of Business

517 DELTONA BLVD

3. Mailing Address

517 DELTONA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

A

City & State

DELTONA FL

City & State

DELTONA FL

4. FEI Number

59-3567841

Applied For

Not Applicable

Zip

32725

Country

Volusia

Zip

32725

Country

Volusia

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

**STACY A. ECKERT P.A.
 2415 S. VOLUSIA AV #A-4
 ORANGE CITY FL 32763**

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, CEO	<input type="checkbox"/> Delete
NAME	GLEN STEWART	
STREET ADDRESS	517 DELTONA BLVD #A	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	GLEN STEWART JR	
STREET ADDRESS	517 DELTONA BLVD #A	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ALISHA CHANDLER	
STREET ADDRESS	122 HUMMINGBIRD ST #B	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	MARK CULPEPPER	
STREET ADDRESS	2573 ALBURY ST	
CITY-ST-ZIP	DELTONA FL 32725	
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"/> 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		
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)(f), 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: **GLEN STEWART**

4-27-01

407 574-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)