

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90132 043 ***150.00

DOCUMENT # **P98000096249**

1. Entity Name
FIRST MORTGAGE SOLUTION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11455. SOUTH ORANGE BLOSSOM

Suite, Apt. #, etc.
19

City & State
ORLANDO FL

Zip
32837

Country
ORANGE

3. Mailing Address
11455. S. ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.
19

City & State
ORLANDO FL

Zip
32837

Country
ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3567841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
STACY ELKERT

Street Address (P.O. Box Number is Not Acceptable)
2415 S. VOLUNTA AL A-4

City
ORANGE CITY

FL

Zip Code
32763

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHANTI STEWART 14103 COLONIAL GRAND BLVD ORLANDO FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/CEO GEN STEWART 11455. S. ORANGE BLOSSOM TRAIL #19 ORLANDO FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Treasurer ALISHA CHANDLER 11455. S. ORANGE BLOSSOM TRAIL #19 ORLANDO FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GEN STEWART JR 11455. S. ORANGE BLOSSOM TRAIL #19 ORLANDO FL 32837
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IN THIS SPACE**

CR2E034B (12/01)

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 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 #

4-25-02

407-888-9935