

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90117 038 ***158.75

DOCUMENT # P98000096249

1. Entity Name
FIRST MORTGAGE SOLUTION INC.



Principal Place of Business
11455 SOUTH ORANGE BLOSSOM
19
ORLANDO FL 32837
US

Mailing Address
11455 SOUTH ORANGE BLOSSOM
19
ORLANDO FL 32837
US

2. Principal Place of Business

11455 So. ORANGE BLOSSOM TRL
Suite, Apt. #, etc.
19

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State

4. FEI Number 59-3567841

Applied For
Not Applicable

Zip 32837 **Country** ORANGE

Zip **Country**

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

ECKERT, STACY A P.A.
2415 S. VOLUSIA AVE. A-4
ORANGE CITY FL 32763

Name GLEN STEWART
Street Address (P.O. Box Number is Not Acceptable) 11455 So. ORANGE BLOSSOM TRL
Suite 19
City ORLANDO **FL** **Zip Code** 32837

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]*

DATE 4-21-03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	STEWART, GLEN JR.	
STREET ADDRESS	11455 S. ORANGE BLOSSOM TRAIL #19	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHANDLER, ALISHA	
STREET ADDRESS	11455 S. ORANGE BLOSSOM TRAIL #19	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEWART, GLEN JR.	
STREET ADDRESS	11455 S. ORANGE BLOSSOM TRAIL #19	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHANT, STEWART	
STREET ADDRESS	14103 COLONIAL GRAND BLVD	
CITY-ST-ZIP	ORLANDO FL 32837	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-21-03 **DAYTIME PHONE #** 407 888-4464

DATE DAYTIME PHONE #

CR2E034 (10/02)