

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90145 039 ***150.00

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DOCUMENT # P99000026535

1. Entity Name

F.D. POU MORTGAGE INVESTMENTS COMPANY



Principal Place of Business

3346 CURRY FORD ROAD
ORLANDO FL 32806

Mailing Address

3346 CURRY FORD ROAD
ORLANDO FL 32806

2. Principal Place of Business

3338 CURRY FORD Rd.
Suite, Apt. #, etc.

3. Mailing Address

3338 CURRY FORD Rd.
Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32806

Country

USA

Zip

32806

Country

USA

4. FEI Number

59-3569396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

POU, FERNANDO G
418 PEPIN DRIVE
ORLANDO FL 32825

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME POU, FERNANDO
STREET ADDRESS 418 PEPIN DRIVE
CITY-ST-ZIP ORLANDO FL 32825

☐ Delete

TITLE XO
NAME TORRES, DORALIZ
STREET ADDRESS 418 PEPIN DRIVE
CITY-ST-ZIP ORLANDO FL 32825

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

(407) 898-5565

Daytime Phone #

CR2E034 (10/02)