

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90026 021 ***150.00

DOCUMENT # P99000034540



1. Entity Name
G. AND M. MORTGAGE CORPORATION

Principal Place of Business
**224 COMMERCIAL BOULEVARD
SUITE 303
LAUDERDALE-BY-THE-SEA FL 33308**

Mailing Address
**224 COMMERCIAL BOULEVARD
SUITE 303
LAUDERDALE-BY-THE-SEA FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite-Apt. #, etc.

Suite-Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0910839**

Applied For

Not Applicable

Zip Country

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

**GARDNER, CECIL E
224 COMMERCIAL BOULEVARD
SUITE 303
LAUDERDALE-BY-THE-SEA FL 33308**

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

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 ☐ Delete
NAME **PD GARDNER, CECIL E**
STREET ADDRESS **7701 NORTHWEST 10TH STREET**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☒ Change ☐ Addition
NAME **PD GARDNER CECIL E**
STREET ADDRESS **3108 SE GLASGOW DR.**
CITY-ST-ZIP **STUART FL. 34997**

TITLE ☐ Delete
NAME **ST GARDNER, OLIVENE**
STREET ADDRESS **7701 NW 10TH STREET**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☒ Change ☐ Addition
NAME **ST GARDNER OLIVENE**
STREET ADDRESS **3108 SE GLASGOW DR.**
CITY-ST-ZIP **STUART FL. 34997**

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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

Daytime Phone #

CR2E034 (10/02)