

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90151 008 ***150.00

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DOCUMENT # P99000034580

1. Entity Name
ALL SEASONS MORTGAGE, INC.



Principal Place of Business
**14570 SOUTH MILITARY TRAIL
SUITE C-2
DELRAY BEACH FL 33445**

Mailing Address
**14570 SOUTH MILITARY TRAIL
SUITE C-2
DELRAY BEACH FL 33445**

2. Principal Place of Business

5742 Aspen Ridge Circle
Suite, Apt. #, etc.

3. Mailing Address

5742 Aspen Ridge Circle
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Delray Beach, FL
Zip Country
33484 USA

City & State

Delray Beach, FL
Zip Country
33484 USA

4. FEI Number **65-0871290**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BALDWIN, CHARLES S
5742 ASPEN RIDGE CIRCLE
DELRAY BEACH FL 33445**

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

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: **PCEO** ☐ Delete
NAME: **BALDWIN, CHARLES S**
STREET ADDRESS: **5742 ASPEN RIDGE CIRCLE**
CITY-ST-ZIP: **DELRAY BEACH FL 33484**

TITLE: **VCEO** ☐ Delete
NAME: **BALDWIN, VEVALYNN J**
STREET ADDRESS: **5742 ASPEN RIDGE CIRCLE**
CITY-ST-ZIP: **DELRAY BEACH FL 33484**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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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: **Charles S. Baldwin, CEO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 561-637-6182
Date Daytime Phone #

CR2E034 (10/02)