2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

P99000047608

Mailing Address

1. Entity Name

PROFESSIONAL MORTGAGE AND INVESTMENT, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90138 027 ***158.75

1 11 11 11 11 11 11 11

740 FLORIDA SUITE 1008 LONGWOOD I		RKWAY	SUIT	740 Florida Central Parkway Suite 1008 Longwood Fl 32750													
2. Principal Place of Business			3. Mai	3. Mailing Address								EALL BUCKLO		 } 	88101 1811 1881		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES									
City & State	9		City	City & State				1 59-3578322						pplied For ot Applicabl			
Zip	Zip Country			Zip			Country			5. Certificate of Status Desired 🐰 🕏					8.75 Additional ee Required		
6. Name and Address of Current				Registered Agent				7. Na	me and	d Address	of New R	Register	ed Age	nt		_	
		م د مد ایدیسی				Name*					•	-					
THORN, F	ROBIN SCO	π		-			THORD, Robin Scott Street Address (P.O. Box Number is Not Acceptable)										
280 SOUT	TH C.R. 427	7							(110,716								
SUITE 114	\$			•		740	Flori	i da	Cer	tral	DKW	v #	100	Ω			
LONGWOOD FL 32750				<u> </u>			740 Florida Central PKWY # 1008 City FL Zip C						Zip Coo	le	_		
						L	ongwo	-boc	., .					<u> 3275</u>	0	_	
	named entity ions of regist	y submits this statemen	t for the purp	lose of changing its r	egistere	ed office or	registere	ed agen	it, or bo	oth, in the S	state of Flo	orida. Ta	am fami	liar with,	and accep	i	
,														_			
SIGNATURE	Signature Super	or printed name of registered ag	ent and title if and	licable (NOTE:	Registere	d Agent signat	ure required v	when reins	etating)			01/1	<u>0/0</u>	<u>3</u>			
			cit and the in app		- ragistore	o ngork orginal	ono regonica i		, talling)							\dashv	
		! FEE IS \$150.00 03 Fee will be \$550.0	ın							ection Can		-	_)0 May Be		
		Florida Department							Tr	ust Fund C	ontributio	n.	П	Adde	d to Fees		
0.		OFFICERS AN	ND DIRECTO	I IRS	11.			ADDI	ITIONS	/CHANGE	S TO OFF	ICERS A	AND DIF	RECTOR	S IN 11	٦	
ITLE .	Р			☐ Delete	TITLE	<u> </u>	P			• •			¥	Change	☐ Additio	n	
IAME ,		ROBIN SCOTT			NAM	E	I -	rn	Dob	in So	70±±		21				
TREET ADDRESS		427, SUITE 114				ET ADDRESS				la Cei		-מו	~lean	и	1000	1	
ITY-ST-ZIP	LONGWO	OD FL 32750			CITY	-ST-ZIP										_	
TLE	D	******		☐ Delete	TITLE		Long	3MOC	od,	FL. 3	32750)		Change	☐ Additio	n	
IAME TREET ADDRESS	THORN, MARIANA 625 PRESTON ROAD 740 Florida Centra				NAM en150e	E ■ KAY DRE#	1008	2									
STY-ST-ZIP	LONGWO	A 77 X X X X X X X X X X X X X X X X X X				-ST-ZIP	1000	,									
ITLE	XXXXX	00 EL 32750 Lon	awood,		TITLE		 	·····		·····				Change	Addition	ᅱ	
IAME		∠ < - -		Ш.Бекке _	NAM								_	onango			
TREET ADDRESS					STRE	ET ADORESS											
ITY-ST-ZIP					CITY	-ST-ZIP											
ITLE				☐ Delete	TITLE									Change	☐ Additio	n	
IAME					NAM	E											
TREET ADDRESS						ET ADDRESS											
ITY-ST-ZIP			·		CITY	-ST-ZIP										4	
ITLE				☐ Delete	TITLE									Change	Additio	۱ ،	
iame Treet address					NAMI STRE	ET ADDRESS											
ITY-ST-ZIP						-ST-ZIP										1	
ITLE				☐ Delete	TITLE									Change	Addition	╗	
IAME					NAMI												
TREET ADDRESS						ET ADDRESS										-	
ITY-ST-ZIP						-ST-ZIP										╛	
2. I hereby o	ertify that the	e information supplied w	vith this filing	does not qualify for	the exe	mption stat	ed in Sec	ction 11	9.07(3)	(i), Florida	Statutes.	l further	certify t	hat the i	nformation	- [

2. 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 embowered 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 articles; with all other like empowered.

SIGNATURE:

ATTURE DE COURED ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 407-265-882

CR2E034 (10/02



740 Florida Central Parkway, Suite 1008 Longwood, Florida 32750

Phone: (407) 265-8828 • Facsimile: (407) 265-9577

LICENSED CORRESPONDENT MORTGAGE LENDER



1/10/2003

To: Florida Dept. of Corporation

Enclosed, please find my UBR report. The only changes are for to the address: I would also like a copy of the certificate. Thank you.

Sincerely,

Robin Scott Thorn