

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047997

1. Entity Name

FIRST ENVIRONMENTAL MORTGAGE, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90211 023 \*\*\*150.00

**C0065678**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4131 FIFTH AVENUE S.W.  
NAPLES FL 34119

Mailing Address  
4131 FIFTH AVENUE S.W.  
NAPLES FL 34119

2. Principal Place of Business  
4131 5th Ave SW  
Suite, Apt. #, etc.

3. Mailing Address  
4131 5th Ave SW  
Suite, Apt. #, etc.

City & State  
Naples FL

City & State  
Naples FL

Zip  
34119

Country  
USA

Zip  
34119

Country  
USA

4. FEI Number **65-0922626**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ALICK, THOMAS B  
19 PELICAN BAY BLVD. STE. 300  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, the undersigned entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Is eligible to satisfy its Intangible  
Tax and elects to do so.  
(See back) ☐

**FILE NOW!!! FEES \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	<b>D</b> <b>HILFIKER, STEPHEN</b> <b>4131 FIFTH AVENUE S.W.</b> <b>NAPLES FL 34119</b>
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stephen F. Hilfiker* Stephen F. Hilfiker

Date

Daytime Phone #

CR E034 (10/00)