

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90202 005 ***150.00

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DOCUMENT # P99000060162

1. Entity Name
PACIFIC ATLANTIC MORTGAGE CORPORATION



Principal Place of Business
7337 ALOMA AVE.
SUITE 210
WINTER PARK FL 32792

Mailing Address
7337 ALOMA AVE., STE.200
WINTER PARK FL 32792

2. Principal Place of Business
1605 TUSKAWILLA RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OVIEDO, FL

City & State

4. FEI Number **59-3586285**

Applied For
Not Applicable

Zip **32765** **Country** **U.S.A.**

Zip **Country**

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZADA, CAYETANO R JR.
7337 ALOMA AVE., STE.200
WINTER PARK FL 32792

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 *CAYETANO R. CRUZADA JR.* **CAYETANO R. CRUZADA, JR. PRESIDENT** **4/9/03**

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 **D** ☐ **Delete**
NAME **CRUZADA, CAYETANO R JR.**
STREET ADDRESS **4559 KAWILLA CREST PLACE**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **D** ☒ **Delete**
NAME **CRUZADA, CRISTETA M**
STREET ADDRESS **4559 KAWILLA CREST PLACE**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **D** ☐ **Delete**
NAME **CRUZADA, CYRIL M**
STREET ADDRESS **4559 KAWILLA CREST PLACE**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **D** ☒ **Delete**
NAME **CRUZADA, KRISTEPHER M**
STREET ADDRESS **4559 KAWILLA CREST PLACE**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *CAYETANO R. CRUZADA JR.* **CAYETANO R. CRUZADA, JR. PRESIDENT** **4/9/03** **407 681-4660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)