

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90218 038 ***150.00

DOCUMENT # P99000060261

1. Entity Name

NUMMUS MORTGAGE CORP.

Principal Place of Business

**1160 S.W. 21ST ST.
 BOCA RATON FL 33486**

Mailing Address

**1160 S.W. 21ST ST.
 BOCA RATON FL 33486**

2. Principal Place of Business

822 N.E. 71 Street

Suite, Apt. #, etc.

3. Mailing Address

822 NE 71 Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33487

Country

US

City & State

Boca Raton, FL

Zip

33487

Country

U.S.

4. FEI Number

65-0933179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STEVENSON, DONALD W
 1160 S.W. 21ST ST.
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name

Stevenson, Donald W.

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

1160 S.W. 21 Street

City

Boca Raton

FL

Zip Code

33487

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.

SIGNATURE

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

Donald Stevenson
 (NOTE: Registered Agent signature required when reinstating)

4/25/02
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STEVENSON, DONALD W	
STREET ADDRESS	1160 S.W. 21ST ST.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevenson, Donald W	
STREET ADDRESS	822 N.E. 71 Street	
CITY-ST-ZIP	Boca Raton, FL 33487	
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:

Donald Stevenson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

561 750-8315
 Daytime Phone #

CR2E034 (9/01)