

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90087 030 \*\*\*158.75

**DOCUMENT # P99000063838**

1. Entity Name  
**IDEAL MORTGAGE SOLUTIONS CORPORATION**



Principal Place of Business  
**499 NTH SR 434  
SUITE 2113  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**499 NTH SR 434  
SUITE 2113  
ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business  
**499 NORTH SR 434**

3. Mailing Address  
**499 NORTH SR 434**

Suite, Apt. #, etc.  
**1053 SUITE 1053**

Suite, Apt. #, etc.  
**SUITE 1053**

City & State  
**ALTAMONTE SPRINGS, FL ALTAMONTE SPRINGS, FL**

Zip  
**32714**

Country  
**USA**

Zip  
**32714**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3589047**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, GEORGE LUIS  
499 N SR 434  
STE 2113  
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name  
**GONZALEZ, GEORGE LUIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1266 YVONNE STREET**  
City  
**Apopka** FL Zip Code  
**32712**

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 *George L. Gonzalez*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-10-03**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, GEORGE LUIS 499 N SR 434 SUITE 2113 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, M, C GONZALEZ, GEORGE LUIS 1266 YVONNE STREET Apopka, FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T GONZALEZ, CAROLYN V. 1266 YVONNE STREET Apopka, FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V STEVEN NARVAEZ 760 Magnolia CREEK CIRCLE ORLANDO, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George L. Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-03 407-786-9898**  
Date Daytime Phone #

CR2E034 (10/02)