

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90670 003 ***150.00

01861399 AV

DOCUMENT # P99000079955

1. Entity Name
FIRST TRUST MORTGAGE SERVICES, INC.

Principal Place of Business
1515 UNIVERSITY DRIVE
208B
CORAL SPRINGS FL 33071

Mailing Address
1515 UNIVERSITY DRIVE
208B
CORAL SPRINGS FL 33071

2. Principal Place of Business
4613 UNIVERSITY DR
 Suite, Apt. #, etc.
301

3. Mailing Address
4613 UNIVERSITY DR
 Suite, Apt. #, etc.
301

City & State
CORAL SPRINGS FL
 Zip
33067
 Country
USA

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CORAL SPRINGS FL
 Zip
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4. FEI Number **65-0948110**
 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDSTEIN, JANICE
1515 UNIVERSITY DRIVE
208B
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name
GOLDSTEIN, JANICE
 Street Address (P.O. Box Number is Not Acceptable)
4613 UNIVERSITY DRIVE
301
 City
CORAL SPRINGS **FL** Zip Code
33067

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  (NOTE: Registered Agent signature required when reinstating)

3/1/02
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P GOLDSTEIN, JANICE	1515 UNIVERSITY DRIVE, #208B	CORAL SPRINGS FL 33071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 **9317559944**
 Date Daytime Phone #

CR2E034 (9/01)