

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080033

1. Entity Name

THOMAS LOUIS MORTGAGE INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90016 035 ***150.00

Principal Place of Business

Mailing Address

5615 BROAD ACRES STREET
MERRITT ISLAND FL 32953

5615 BROAD ACRES STREET
MERRITT ISLAND FL 32953-7513

2. Principal Place of Business

335 S. PLUMOSA ST.

3. Mailing Address

335 S. PLUMOSA ST.

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

SUITE F

City & State

MERRITT ISLAND FL

City & State

MERRITT ISLAND FL

Zip

32952

Country

U.S.

Zip

32952

Country

U.S.

4. FEI Number

59-3598067

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKEY & FOWLER, P.A.
410 WEST MERRITT AVENUE
MERRITT ISLAND FL 32953

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DELOCHE, JEFF	
STREET ADDRESS	5615 BROAD ACRES STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF DELOCHE	
STREET ADDRESS	5615 BROAD ACRES ST.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STACEY DELOCHE	
STREET ADDRESS	1210 MARSHALL ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF DELOCHE	
STREET ADDRESS	5615 BROAD ACRES ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF DELOCHE	
STREET ADDRESS	5615 BROAD ACRES ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
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:

JEFF DELOCHE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/00

Daytime Phone #

321 452 0050

CR2E034 (9/99)