

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

0063224

DOCUMENT # P99000080033

1. Entity Name
THOMAS LOUIS MORTGAGE INC.

(LA)

06-19-2001 90010 048 ***150.00

00071353



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 335 S PLUMOSA STREET
 STE F
 MERRITT ISLAND FL 32952

2. Principal Place of Business: **410 W. Merritt Ave**
 State, Apt. #, etc: **FL**

City & State: **Merritt Island FL**
 Zip: **32953**
 Country: **U.S.A**

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

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Accepted): _____
 City: _____ **FL** Zip Code: _____

8. The above named entity certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Signature of the person or persons who executed this report and who are officers or directors of the corporation Name of the person or persons who are registered agents of the corporation Date

9. This corporation is eligible to elect its tax liability. Tax filing requirement and election to do so: (See criteria on back)

PLEASE NOTE!!! FEE IS \$150.00
under LAW 7-1, 2001 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

TYPE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	D DELOCHE, JEFF	5615 BROAD ACRES STREET	MERRITT ISLAND FL 32953
<input type="checkbox"/> Change <input type="checkbox"/> Addition	P DELOCHE, JEFF	5615 BROAD ACRES STREET	MERRITT ISLAND FL 32953
<input type="checkbox"/> Change <input type="checkbox"/> Addition	VP DELOCHE, STACEY	1310 MARSHALL STREET	MERRITT ISLAND FL 32953
<input type="checkbox"/> Change <input type="checkbox"/> Addition	S DELOCHE, JEFF	5615 BROAD ACRES STREET	MERRITT ISLAND FL 32953
<input type="checkbox"/> Change <input type="checkbox"/> Addition	T DELOCHE, JEFF	5615 BROAD ACRES STREET	MERRITT ISLAND FL 32953
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing complies with the exemption stated in Section 110.06, Florida Statutes. I further certify that the information indicated on this report or supplement is true and correct 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 of the corporation, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an acknowledgment with a filing stamp.

SIGNATURE: _____ *2/9/01*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR