

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90264 002 ***150.00

DOCUMENT # P99000080033

1. Entity Name
THOMAS LOUIS MORTGAGE INC.

Principal Place of Business

410 W MERRITT AVE
MERRITT ISLAND FL 32953

Mailing Address

410 W MERRITT AVE
MERRITT ISLAND FL 32953

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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 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, 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	D	<input type="checkbox"/> Delete
NAME	DELOCHE, JEFF	
STREET ADDRESS	5815 BROAD ACRES STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	P	<input type="checkbox"/> Delete
NAME	DELOCHE, JEFF	
STREET ADDRESS	5815 BROAD ACRES STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELOCHE, STACEY	
STREET ADDRESS	1310 MARSHALL STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELOCHE, JEFF	
STREET ADDRESS	5815 BROAD ACRES STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELOCHE, JEFF	
STREET ADDRESS	5815 BROAD ACRES STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	832 Herron Rd	
STREET ADDRESS	Cocoa, FL 32926	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

321-452-0050

Date

Daytime Phone #

CR2E034 (9/01)