

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90212 037 ***158.75

U189230 AV

DOCUMENT # P99000081701

1. Entity Name
TRANS-ACT MORTGAGE, INC.

Principal Place of Business
 11575 HERON BAY BLVD.
 #300
 CORAL SPRINGS FL 33076

Mailing Address
 11575 HERON BAY BLVD.
 #300
 CORAL SPRINGS FL 33076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11555 Heron Bay Blvd

3. Mailing Address
11555 Heron Bay Blvd

Suite, Apt. #, etc.
Suite 301

Suite, Apt. #, etc.
Suite 301

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33076

Country
FLORIDA

Zip
33076

Country
FLORIDA

4. FEI Number
65-1071798

APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MONROE, JOHN S
11575 HERON BAY BLVD.
#300
CORAL SPRINGS FL 33076

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
P
 NAME
MONROE, JOHN S
 STREET ADDRESS
12660 N.W. 65TH DRIVE
 CITY-ST-ZIP
PARKLAND FL 33076

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
7289 NW 127 WAY
PARKLAND, FL 33076

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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

4/29/02

Date

(954) 752-1411

Daytime Phone #

CR2E034 (9/01)