

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90017 008 ***150.00

DOCUMENT # P99000091465

1. Entity Name
FIRST FLAGLER MORTGAGE & FINANCE CORP.

Principal Place of Business
333 SOUTHERN BOULEVARD
SUITE 401
WEST PALM BEACH FL 33405

Mailing Address
333 SOUTHERN BOULEVARD
SUITE 401
WEST PALM BEACH FL 33405

80010133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14237 US Hwy 1
 Suite, Apt. #, etc.

3. Mailing Address
14237 US Hwy 1
 Suite, Apt. #, etc.

City & State
Juno Beach, FL.

City & State
Juno Beach, FL.

4. FEI Number **65-0955095**

Applied For
Not Applicable

Zip **33408** **Country** **USA**

Zip **33408** **Country** **USA**

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STANTON, WALTER T	
STREET ADDRESS	333 SOUTHERN BOULEVARD SUITE 401	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	JENSON, VERONICA L	
STREET ADDRESS	333 SOUTHERN BOULEVARD SUITE 401	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, SHAWN M	
STREET ADDRESS	333 SOUTHERN BLVD SUITE 401	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Veronica L. Jenson **1-11-02 561 659-1390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)