

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096513

1. Entity Name

RAWLINS MORTGAGE COMPANY, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90489 004 ***150.00

Principal Place of Business

Mailing Address

N. STATE ROAD 37, SUITE 119
LAUDERDALE FL 33319

5460 N. STATE ROAD 37, SUITE 119
FORT LAUDERDALE FL 33319

2. Principal Place of Business

2700 W Atlantic Blvd.
Suite, Apt. #, etc.

3. Mailing Address

2700 W Atlantic Blvd.
Suite, Apt. #, etc.

200-16

City & State

Pompano Beach FL

Zip

33069

Country

Broward

33069

Broward

City & State

Pompano Beach FL

Zip

33069

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0959565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAWLINS, CHRISTIAN N
5460 N. STATE ROAD 37, SUITE 119
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

Christian N. Rawlins

Street Address (P.O. Box Number is Not Acceptable)

8401 W Sample Rd. #35

City

Coral Springs

FL

Zip Code

33065

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

Christian N. Rawlins

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	RAWLINS, CHRISTIAN N	4757 N.W. 24TH COURT, #137	LAUDERDALE LAKES FL 33313	<input checked="" type="checkbox"/>
D	RAWLINS, ROSALIND W	4757 N.W. 24TH COURT, #137	LAUDERDALE LAKES FL 33313	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
		8401 W Sample Rd. #35	Coral Springs FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		8401 W Sample Rd. #35	Coral Springs FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/24/00

DATE

(954) 582-0386

Daytime Phone #

CR2E034 (9/99)