

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099007

1. Entity Name

OPTIONS MORTGAGE CORP.

P

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90002 037 ***150.00

Principal Place of Business

3510 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

Mailing Address

3510 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

B. JOE CHRISTIAN
403 SOUTH ROAD
LAKELAND FL 33809

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME B. JOE CHRISTIAN
STREET ADDRESS 403 SOUTH ROAD
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ Delete
NAME LYNN, LARRY H JR.
STREET ADDRESS 3510 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

9/13/00

Date

863-648-1815

Daytime Phone #

CR2E034 (5/00)

Attachment
B# 9900099007
DW8634

September 13, 2000

Division of Corporations
Uniform Business Report Filing
P. O. Box 1500
Tallahassee, FL

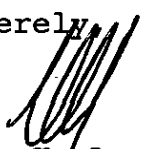
To Whom It May Concern:

Please find enclosed the completed 2000 Uniform Business Report.

We did not receive the May 2000 notice, and we called and were instructed to submit a letter with this completed report. We were also directed to mail in the \$150.00 fee with this report.

Thank you for your help in this situation, and you may contact me at 863-648-1815.

Sincerely,



Larry H. Lynn, Jr