## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 14, 2002 8:00 am Secretary of State P99000106321 DOCUMENT # 1. Entity Name 08-14-2002 90025 045 \*\*\*150.00 WILLIAMS BROTHERS MORTGAGE SERVICES, INC. Principal Place of Business Mailing Address 101 CENTURY 21 DRIVE 101 CENTURY 21 DRIVE **SUITE 122 SUITE 122** JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address OI (Rutury (6h Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3612448 Not Applicable \$8:75 Additional 5. Certificate of Status Desired MVO Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATSON, TODD ESQ. Street Address (P.O. Box Number is Not Acceptable) 7785 BAY MEADOWS WAY SUITE 107 JACKSONVILLE FL 32257 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Addition Change williams, luther L II NAME NAME STREET ADDRESS 101 CENTURY 21 DRIVE SUITE 122 STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change WILLIAMS, TYRONE K SR NAME 101 CENTURY 21 DRIVE SUITE 122 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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

CITY-ST-ZIE

of the corporation or the receive

SIGNATURE:

SHachment

#P99000106321

## TURNING POINT MORTGAGE

101 Century Twenty-One Drive Suite 122 Jacksonville, Florida 32216 Office (904) 725-1935 Fax (904) 725-1939

July 09, 2002

To: Sean Toner

Florida Department of State Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Re: Document # P99000106321

Williams Brothers Mortgage Services, Inc.

Dear Mr. Toner:

I am writing this letter requesting a late fee to be waived on the above referenced document number. As I indicated to you during our telephone conversation today, I filed my report on-line on May 30, 2002. However my file was caught up in que due to the system parameters. I also spoke with Gina, in technical support today. She advised that I send my payment manually.

As per your request, please see the attached one hundred and fifty dollar (\$150.00) annual filing fee.

If you have any additional questions or concerns please contact me at the number listed above.

Thank you,