

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90114 003 ***150.00

DOCUMENT # P99000107662

1. Entity Name
HOME PLACE MORTGAGE, INC.



Principal Place of Business
1622C LEONID ROAD
JACKSONVILLE, FL 32218

Mailing Address
1622C LEONID ROAD
JACKSONVILLE, FL 32218

2. Principal Place of Business
4905 Belfort Road
Suite, Apt. #, etc.
110

3. Mailing Address
4905 Belfort Road
Suite, Apt. #, etc.
110

City & State
JACKSONVILLE, Florida

City & State
JACKSONVILLE, FL.

Zip
32256 Country
USA

Zip
32256 Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3617222

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LASONJA D
1622C LEONID ROAD
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name
La Sonia D. Williams

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

4905 Belfort Road, Suite 110

City **JACKSONVILLE** FL Zip Code **32256**

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 **La Sonia D. Williams**
Signature, typed or printed name of registered agent and title if applicable.

3/27/03

DATE

(NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CASON, JAMES A
1622C LEONID ROAD
JACKSONVILLE, FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
WILLIAMS, LASONJA D
1622C LEONID ROAD
JACKSONVILLE, FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4905 Belfort Road, Suite 110
JACKSONVILLE, FL. 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4905 Belfort Road, Suite 110
JACKSONVILLE, FL. 32256

TITLE
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☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **La Sonia D. Williams** **La Sonia D. Williams** **3/27/03** **(904) 332-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)