

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90022 024 ***150.00

DOCUMENT # S29572

1. Entity Name

**PROFESSIONAL MORTGAGE & CONSOLIDATED SERVICES, I
 NC.**

Principal Place of Business

**2901 W BUSCH BLVD.
 SUITE 110
 TAMPA FL 33618
 US**

Mailing Address

**2901 W. BUSCH BLVD
 SUITE 110
 TAMPA FL 33618
 US**

2. Principal Place of Business

1453 W. Busch Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Tampa

Suite, Apt. #, etc.

AS

City & State
Florida

City & State

AS

Zip
33612

Country

USA

Zip

Country

USA

4. FEI Number

59-3049954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NORRIS, LARRY S
 2901 W BUSCH BLVD STE 110
 TAMPA FL 33618**

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]

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P NORRIS, LARRY S
 11929 CONGRESSIONAL DR. # 29
 TAMPA FL 33626**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SAME

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-02 813-931-4288

Date

Daytime Phone #

CR2E034 (9/01)