

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90091 044 ***150.00

DOCUMENT # S51067

1. Entity Name

QUALIFIED MORTGAGE SERVICES, INC.

Principal Place of Business

**128 WEST BROADWAY
 OVIEDO FL 32765
 US**

Mailing Address

**PO BOX 621990
 OVIEDO FL 32762-1990
 US**

2. Principal Place of Business

89 Geneva Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State
 Oviedo FL**

City & State

4. FEI Number

59-3133741

Applied For

Not Applicable

**Zip
 32765**

**Country
 US**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLESTANI, ANNE
 4405 BAR HARBOR DRIVE
 ORLANDO FL 32821**

Name

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

5710 Parkview Lake Dr

City Orlando

FL

Zip Code 32821

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GOLESTANI, ANNE**
 STREET ADDRESS **4405 BAR HARBOR DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME **5710 Parkview Lake Dr**
 STREET ADDRESS **Orlando FL 32821**
 CITY-ST-ZIP **Orlando FL 32821**

TITLE **V** ☐ Delete
 NAME **GOLESTANI, FRED**
 STREET ADDRESS **4405 BAR HARBOR DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME **5710 Parkview Lake Dr**
 STREET ADDRESS **Orlando FL 32821**
 CITY-ST-ZIP **Orlando FL 32821**

TITLE **S** ☐ Delete
 NAME **FOGG, BONNIE**
 STREET ADDRESS **1927 LAKE DRIVE**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02

Date

**407
 359-9999**

Daytime Phone #

CP2E034 (9/01)