

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0016111 AV

DOCUMENT # **S83506**
1. Entity Name
FULL SERVICE MORTGAGE CORPORATION



FILED

03 OCT 30 PM 1:34

Principal Place of Business
**2215 S. GOLDEN RD.
ORLANDO FL 32822
US**

Mailing Address
**2215 S. GOLDEN RD.
SUITE 200
ORLANDO FL 32822
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1320 N. SEMORAN BLVD.

3. Mailing Address
SAME

Suite, Apt. #, etc.
Ste. 101

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

Zip
32807 Country
ORANGE

Zip

Country

REINSTATEMENT
FERN Number **59-3093557**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, CASILDA
1320 N. SEMORAN BLVD.
STE 200
ORLANDO FL 32807**

7. Name and Address of New Registered Agent

Name
N/A
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Casilda Fernandez CASILDA FERNANDEZ** **10/21/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CASILDA	
STREET ADDRESS	1320 N SEMORAN BLVD, STE 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, GUILLERMO J.	
STREET ADDRESS	1320 N SEMORAN BLVD, STE 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEROUX, JULISSA N	
STREET ADDRESS	1320 N SEMORAN BLVD, STE 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300024290303
STREET ADDRESS	10/30/03--01053--015 **750.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Casilda Fernandez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03 **(407)382-7909**
Date Daytime Phone #

CR2E034 (4/03)