

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S85802

1. Entity Name
FLORIDA MORTGAGE CENTRE, INC.

FILED
06 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 29 AM 11:03

Principal Place of Business Mailing Address
% ANN B. STEIN 5150 S. FLORIDA AVE
5150 S. FLORIDA AVE., STE. 101 SUITE 101
LAKELAND FL 33813 LAKELAND FL 33813
US US

A0074024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3088554	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEIN, ANN B. 5150 S. FLORIDA AVENUE SUITE 101 LAKELAND FL 33813		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STEIN, ANN B. 5150 S. FLORIDA AVENUE LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEIN, ROBERT N. SR. 5050 S. FLA. AVE., STE 103 LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Ann B. Stein Pres. ANN B. Stein 5/1/2001 (863)644-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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FLORIDA MORTGAGE CENTRE, INC.

ANN B. STEIN, PRESIDENT

June 27, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Florida Mortgage Centre, Inc.
Reference # S85802

Dear Sir or Madam:

This is in response to your letter of June 20, 2001.

In mid January, my husband underwent multiple heart by-pass surgery with complications and was hospitalized until the middle of February. Because of this and the resulting loss of income from his hospitalization and long recovery period during which time I also was only able to work sporadically, I was late filing my corporate return.

Because of the difficult and extenuating circumstances beyond our control, I would like to request that the assessed penalty be waived.

Thank you for any consideration you may give to this matter. I would greatly appreciate your assistance.

Sincerely,

Ann B. Stein
President