

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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Apr 19, 2004 08:00 AM
Secretary of State

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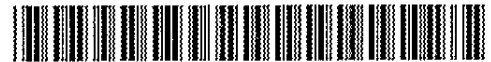
1. Entity Name
UNIVERSAL TRUST MORTGAGE CORPORATION



Principal Place of Business
**2710 N ORANGE BLOSSOM TRAIL
202
KISSIMMEE, FL 34744 US**

Mailing Address
**2710 N ORANGE BLOSSOM TRAIL
202
KISSIMMEE, FL 34744 US**

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0324797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, CHRIS
2740 KISSIMMEE BAY CIR
KISSIMMEE, FL 34744**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**D
WILSON, CHRIS
2740 KISSIMMEE BAY CIR
KISSIMMEE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/19/04-80023-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Wilson **CHRIS WILSON**

4/12/04 **4/12/04**

4079086922 **4079086922**

Date

Daytime Phone #