

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90060 009 ***150.00

DOCUMENT # V53859

1. Entity Name

B J D MORTGAGE COMPANY, INC.

Principal Place of Business

**204 THIRD AVENUE SOUTH
 JACKSONVILLE BEACH FL 32250
 US**

Mailing Address

**204 THIRD AVENUE SOUTH
 JACKSONVILLE BEACH FL 32250
 US**

2. Principal Place of Business

11570 San Jose Blvd

Suite, Apt. #, etc.

Suite #12

City & State

Jacksonville, FL

Zip

32223

Country

DUVAL

3. Mailing Address

11570 San Jose Blvd

Suite, Apt. #, etc.

Suite #12

City & State

Jacksonville, FL

Zip

32223

Country

DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3135294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SWANSON, MITCHELL D
 11570 SAN JOSE BLVD., SUITE 12
 JACKSONVILLE FL 32223**

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, 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, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	SWANSON, MITCHELL D	
STREET ADDRESS	204 THIRD AVENUE SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SONDERATH, MARY M	
STREET ADDRESS	2820 N. US HWY 1, SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SWANSON, DIANE S	
STREET ADDRESS	11570 SAN JOSE BLVD., SUITE 12	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11570 San Jose Blvd, #12	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2510C US HWY 1 South	
CITY-ST-ZIP	St. Augustine FL 32086	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell D. Swanson

4/27/01

904-880-8889

Day

Daytime Phone #

CR2E034 (10/00)