

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90077 045 \*\*\*158.75

NAF707 AV

**DOCUMENT # V60339**

1. Entity Name

**BUSINESS MORTGAGE, INC.**

Principal Place of Business

~~28163 U.S. HIGHWAY 19 N~~  
~~STE 305~~  
~~CLEARWATER FL 34621~~  
 US

Mailing Address

~~28163 U.S. HIGHWAY 19 NORTH~~  
~~STE 305~~  
~~CLEARWATER FL 34621~~ (SEE BELOW)  
 US

2. Principal Place of Business

**4912 CREEKSIDE DRIVE**

3. Mailing Address

**4912 CREEKSIDE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CLEARWATER, FL**

City & State

**CLEARWATER FL**

Zip

**33760**

Country

**US**

Zip

**33760**

Country

**US**

4. FEI Number

**59-3146129**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOSCH, DEBRA**

**28163 US HIGHWAY 19 N STE 306 4912 CREEKSIDE DRIVE**  
**CLEARWATER FL 33761 CLEARWATER, FL 33760**

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

**DEBRA A LOSCH PRESIDENT**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOSCH, SCOTT	
STREET ADDRESS	1300 PRESERVATION WAY 1375 PINELLAS BAY WAY	
CITY-ST-ZIP	OLDSMAR FL TIGERLA VERDE, FL 33715	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LOSCH, DEBRA	
STREET ADDRESS	1300 PRESERVATION WAY TIGERLA VERDE, FL 33715	
CITY-ST-ZIP	OLDSMAR 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	
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	
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

Date

Daytime Phone #

CR2E034 (9/01)