

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
 May 29, 2002 8:00 am  
 Secretary of State

03-13-2002 90116 034 \*\*\*150.00

DOCUMENT# **V67771**

1. Entity Name

**RAMSEY & ASSOCIATES MORTGAGE COMPANY**

Principal Place of Business

283 N NORTHLAKE BLVD  
 STE - 111  
 ALTAMONTE SPRINGS FL 32701  
 US

Mailing Address

P O BOX 915544  
 LONGWOOD FL 32791

2. Principal Place of Business

3. Mailing Address

283 Cranes Roost Blvd

47 Beach Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 111

City & State

City & State

Altamonte Springs, Fl

Ponce Inlet, Fl

4. FEI Number

59-3140692

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMSEY, MICHAEL H.

283 N. NORTHLAKE BLVD.

STE. 111

ALTAMONTE SPRINGS FL 32701

Name

Ramsey, Michael H.

CEO, President

Street Address (P.O. Box Number is Not Acceptable)

283 Cranes Roost Blvd

Suite 111

City

Altamonte Springs, FL

FL

Zip Code

32701

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)

*[Handwritten Signature]*

Michael H. Ramsey  
 CEO, President  
 2/26/02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	RAMSEY, MICHAEL H.	283 N. NORTHLAKE BLVD. STE. 111	ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Ramsey, Michael H.	283 Cranes Roost Blvd	Ste 111 Altamonte Springs, Fl 32701	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input 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:

*[Handwritten Signature]*

Michael H. Ramsey  
 CEO, President  
 2/26/02  
 386-756-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE