

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90471 002 ***150.00

DOCUMENT # V67771

1. Entity Name

RAMSEY & ASSOCIATES MORTGAGE COMPANY



Principal Place of Business

283 CRANES ROOST BLVD
STE - 111
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

47 BEACH ST
PONCE INLET FL 32127

2. Principal Place of Business

3. Mailing Address

200 Forest Lake Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 5

Same

City & State

City & State

Daytona Beach, FL

Zip

Country

Zip

Country

32119

Volusia



☒ CHECK HERE IF MAKING CHANGES

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.

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

47 Beach Street

City

Ponce Inlet

FL

Zip Code

32127

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 (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
RAMSEY, MICHAEL H
283 N. NORTHLAKE BLVD. STE. 111
ALTAMONTE SPRINGS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ramsley, Michael H.
200 Forest Lake Blvd, Ste 5
Daytona Beach, FL 32119 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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

Date

Daytime Phone #

CR2E034 (10/02)