

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90405 033 \*\*\*158.75

**DOCUMENT # P99000071629**

1. Entity Name  
**FAIR CREDIT MORTGAGE INC.**



Principal Place of Business  
**7289 GARDEN ROAD  
STE 109  
WEST PALM BEACH FL 33404**

Mailing Address  
**7289 GARDEN ROAD  
STE 109  
WEST PALM BEACH FL 33404**



2. Principal Place of Business

**7289 Garden Rd**

3. Mailing Address

**7289 GARDEN RD**

Suite, Apt. #, etc.

**STE 115**

Suite, Apt. #, etc.

**STE 115**

City & State

**Riviera Beach FL**

City & State

**Riviera Bch, FL**

Zip

**33404**

Country

**USA**

Zip

**33404**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0941458**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EAVENSON, BRAD ESQ  
1645 PALM BCH LAKES BLVD STE 550  
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **Paul L Donohue Jr**  
Street Address (P.O. Box Number is acceptable) **402 4th Terrace**  
City & State **Palm Beach Gardens FL** Zip Code **33410**

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]**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/31/03**

**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

TITLE	<b>D PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>DONOHUE, PAUL</b>	
STREET ADDRESS	<b>402 4TH TERR.</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33408</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANDERSON, SCOTT C</b>	
STREET ADDRESS	<b>107 SANDAL LANE #2</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33404</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LALWANI, MOHAN</b>	
STREET ADDRESS	<b>4928 SABLE PINE CIRCLE 922D</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FETSCHER, ERIC</b>	
STREET ADDRESS	<b>325 LEGARE CT.</b>	
CITY-ST-ZIP	<b>JUPITER, FL 33458</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PREMURDO, RAYMOND</b>	
STREET ADDRESS	<b>4101 Beech</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens FL 33410</b>	
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		

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]** **PAUL DODDUE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-116/03 9066045**

CR2E034 (10/02)