## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT,# **F98000003973** May 02, 2000 8:00 am Secretary of State MORTGAGE TOWN USA, INC. 05-02-2000 90115 008 \*\*\*150.00 Principal Place of Business Mailing Address 1920 MINERAL SPRING AVE. 1920 MINERAL SPRING AVE. NORTH PROVIDENCE RI 02904 NORTH PROVIDENCE RI 02904-3742 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 05-0498762 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENFIELD. STEVEN ESQ. Street Address (P.O. Box Number is Not Acceptable) 7000 W. PALMETTO PARK RD., STE. 402 **BOCA RATON FL 33433** Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DV☐ Delete TITLE TITLE NAME DUPHINEY, ELAINE M NAME STREET ADDRESS STREET ADDRESS 316 POWER RD. #3 CITY-ST-ZIP CITY-ST-ZIP PAWTUCKET RI 02860 X Addition ☐ Change ☐ Delete TITLE TITLE NAME ANTONIZIO, ROBERT J NAME SUSAN A. BOUCHER STREET ADDRESS STREET ADDRESS 675 FRUIT HILL AVE. 51 ISABELLA AVENUE CITY-ST-ZIP CITY-ST-ZIP **NORTH PROVIDENCE RI 02911** <u>PROVIDENCE, RI 02908</u> ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

STATUTE REPORT

ED. Antonizio

4/28/2000

401-354-5500