

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90076 044 \*\*\*150.00

**DOCUMENT # P00000010571**

1. Entity Name  
**THE MORTGAGE COMPANY OF NORTHWEST FLORIDA, INC.**

Principal Place of Business <del>6904 SEA GRAB CIRCLE</del> <b>NAVARRE FL 32566</b>	Mailing Address <del>6904 SEA GRAB CIRCLE</del> <b>NAVARRE FL 32566</b>
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2. Principal Place of Business <b>8182 Navarre Pkwy</b>	3. Mailing Address <b>7070 Shellfish Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Navarre, FL</b>	City & State <b>Navarre, FL</b>	4. FEI Number <b>59-3539153</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32566</b>	Country <del>USA</del> <b>USA</b>	Zip <b>32566</b>	Country <del>USA</del> <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MORRIS, LISA KAREN**  
~~6904 SEA GRAB CIRCLE~~ **7070 Shellfish Ct.**  
**NAVARRE FL 32566**

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: *[Signature]* DATE: **04/15/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 <b>President</b>	<input type="checkbox"/> Delete
NAME <del>LISA KAREN MORRIS</del>	
STREET ADDRESS <del>7070 Shellfish Ct</del>	
CITY-ST-ZIP <del>Navarre, FL 32566</del>	
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 <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LISA KAREN MORRIS</b>	
STREET ADDRESS <b>7070 Shellfish Ct</b>	
CITY-ST-ZIP <b>Navarre, FL 32566</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	

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]* DATE: **04/15/01** DAYTIME PHONE #: **(850) 259-5666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)