

02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P00000088989

1. Entity Name:

Mortgage Professionals of Southwest Florida, Inc.

03 JAN -6 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

900009879189
01/06/03--01088--005 **150.00

2. Principal Place of Business
1418 Lafayette Street

3. Mailing Address
1418 Lafayette Street

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

City & State
Cape Coral, Florida

City & State
Cape Coral, Florida

4. FE Number 65-1041777

Zip
33904

Country
USA

Zip
33904

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Darrin R. Schutt

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

1105 Cape Coral Parkway East, Suite C

City Cape Coral

FL 33904

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent for the State of Florida.

SIGNATURE

Darrin R. Schutt

1/03/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐
(See Circular on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P
Kelley DeCamp
1814 Lafayette St., Ste. C, Cape Coral, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 150.01(1)(a) Florida Statutes, and 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, and that no other person, other than the corporation or the officer or director, has caused this report to be prepared or executed as required by Chapter 607, Florida Statutes, and that my name appears in block letters on the attachment with an address with all other like employees.

SIGNATURE:

Kelley DeCamp, P

1/3/02

239.541.3244

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

FILE

28 112