

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0106206 AV

DOCUMENT # P01000078192

1. Entity Name

TASK MORTGAGE GROUP, INC.

04-03-2002 90566 001 ***150.00
 04-03-2002 90566 002 *****8.75

Principal Place of Business

**5979 VINELAND ROAD
 SUITE 211
 ORLANDO FL 32819**

Mailing Address

**5979 VINELAND ROAD
 SUITE 211
 ORLANDO FL 32819**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5979 Vineland Rd
 Suite, Apt. #, etc.
 213**

3. Mailing Address

**5979 Vineland Rd
 Suite, Apt. #, etc.
 #213**

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3737450

Applied For

Not Applicable

Zip

32819

Country

U.S.

Zip

32819

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, ANTHONY T
 7842 BRIDGESTONE DRIVE
 ORLANDO FL 32835**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	PD	☐ Delete
NAME	SCOTT, ANTHONY T	
STREET ADDRESS	7842 BRIDGESTONE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	☐ Delete
NAME	SCOTT, SHERRY	
STREET ADDRESS	7842 BRIDGESTONE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

ANTHONY T. SCOTT

2/1/02

407-363-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)