

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90095 012 \*\*\*150.00

**DOCUMENT # P97000000014**

1. Entity Name  
**ABC&D MORTGAGE SERVICE, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>8695 COLLEGE PARKWAY STE 350<br/>         FT MYERS FL 33919</b> | Mailing Address<br><b>8695 COLLEGE PARKWAY STE 350<br/>         FT MYERS FL 33919-4810</b> |
|---|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>SAME AS ABOVE</b> | 3. Mailing Address<br><b>SAME AS ABOVE</b> |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                        |
| City & State   | City & State                               |
| Zip Country  | Zip Country                                |



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0817210** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HURST, ROBERT  
 10961 CHAMPIONSHIP DR  
 FORT MYERS FL 33913**

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 *Robert Hurst* DATE **4-25-2000**  
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, 2000 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                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>HURST, ROBERT</b><br><b>10961 CHAMPIONSHIP DR</b><br><b>FORT MYERS FL 33913</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>WARNER, SUSAN G</b><br><b>5816 BEECHWOOD TRAIL</b><br><b>FORT MYERS FL 33913</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Robert Hurst* DATE **4-25-2000** DAYTIME PHONE # **941 482 5626**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR