

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90073 031 ***158.75

039-0233

DOCUMENT # P99000092379

1. Entity Name
CAPE CORAL MORTGAGE, INC.

Principal Place of Business
**3613 DEL PRADO BLVD., STE. 102
 CAPE CORAL FL 33904**

Mailing Address
**3613 DEL PRADO BLVD., STE. 102
 CAPE CORAL FL 33904**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *Same*
 Suite, Apt. #, etc.

3. Mailing Address *Same*
 Suite, Apt. #, etc.

4. FEI Number **62-1798548** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**FRERICHS, KIM
 3613 DEL PRADO BLVD., STE. 102
 CAPE CORAL FL 33904**

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 _____ (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, 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	P	<input type="checkbox"/> Delete
NAME	FRERICHS, STACEY	
STREET ADDRESS	2927 SE 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRERICHS, KIM	
STREET ADDRESS	2927 SW 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Frerichs, Stacey</i>	
STREET ADDRESS	<i>2927 SE 10th Ave</i>	
CITY-ST-ZIP	<i>Cape Coral, Fl. 33904</i>	
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: *S Frerichs* **2/26/01** **941-540-5549**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)