

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90013 023 ***150.00

DOCUMENT # 840391

1. Entity Name
WATERFIELD MORTGAGE COMPANY, INCORPORATED

Principal Place of Business
7500 WEST JEFFERSON BLVD
ATTN: ANGELA THOMPSON
FORT WAYNE IN 46804
US

Mailing Address
7500 WEST JEFFERSON BLVD
ATTN: ANGELA THOMPSON
FORT WAYNE IN 46804
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7500 W JEFFERSON BLVD.

3. Mailing Address
SAME

Suite, Apt. #, etc.
ATTN: ANGELA THOMPSON

Suite, Apt. #, etc.
SAME

City & State
FT WAYNE, IN

City & State
SAME

Zip
46804

Country
USA

Zip
SAME

Country
SAME

4. FEI Number
35-0742323

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	T	<input checked="" type="checkbox"/> Delete
NAME	DUNLAP, MICHAEL J.	
STREET ADDRESS	7500 W JEFFERSON BLVD	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, HOWARD	
STREET ADDRESS	215 EAST BERRY STREET	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	WATERFIELD, RICHARD D	
STREET ADDRESS	7500 W JEFFERSON BLVD.	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	CP	<input type="checkbox"/> Delete
NAME	SHERMAN, DONALD A.	
STREET ADDRESS	7500 W JEFFERSON BLVD.	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, THOMAS M	
STREET ADDRESS	7500 W JEFFERSON BLVD	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	SV	<input type="checkbox"/> Delete
NAME	WALDMAN, MICHAEL W	
STREET ADDRESS	7500 W JEFFERSON BLVD.	
CITY-ST-ZIP	FT WAYNE IN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHAN C ANGUIANO	
STREET ADDRESS	7500 W JEFFERSON BLVD.	
CITY-ST-ZIP	FT WAYNE, IN 46804-4132	
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		
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:

Angela K Thompson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

260-434-8411
 Daytime Phone #

CR2E034 (9/01)