

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 21, 2000 8:00 am**
Secretary of State

08-21-2000 90211 022 ***550.00

DOCUMENT # 851343

1. Entity Name

PROMINENT MORTGAGE CORPORATION

Principal Place of Business

**1005 W. BUSCH BLVD.
TAMPA FL 33612**

Mailing Address

**1425 TRI STATE PKWY
SUITE 140
GURNEE IL 60031
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1795 N. Butterfield Rd.

Suite, Apt. #, etc.

City & State

Libertyville, IL

Zip

60048

Country

USA

4. FEI Number

36-3146399

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

**SAFFOLD, JAMES R
1005 W. BUSCH BLVD., #209
TAMPA FL 33612**

Name

Pamela Salmon

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

1005 W. Busch Blvd., #209

City

Tampa**FL**Zip Code
33612

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

8/16/009. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	CLONTS, RONALD B.	1425 TRI STATE PKWY SUITE 140	GURNEE IL				
STS	WONDERLIC, MARY LYN	1425 TRI STATE PKWY SUITE 140	GURNEE IL				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)