

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90011 017 \*\*\*150.00

001459

DOCUMENT # F00000006484

1. Entity Name

MISSOURI MORTGAGE SAVINGS, INC.

Principal Place of Business

Mailing Address

15400 SOUTH OUTER FORTY RD. STE 108  
CHESTERFIELD MO 63017

15400 SOUTH OUTER FORTY RD. STE 108  
CHESTERFIELD MO 63017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 203

SUITE 203

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1713825

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

MESIAS, HUGO  
248 N.W. LE JEUENE RD.  
MIAMI FL 33126

Name

CARINA GRASSO

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

415 SYCAMORE STREET

City

CELEBRATION

FL

Zip Code  
34747

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCTD ☐ Delete  
NAME GRASSO, JAMES M  
STREET ADDRESS 15400 SOUTH OUTER FORTY RD, STE 108  
CITY-ST-ZIP CHESTERFIELD MO

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS SUITE 203  
CITY-ST-ZIP

TITLE VSD ☐ Delete  
NAME GRASSO, KIMBERLY A  
STREET ADDRESS 15400 SOUTH OUTER FORTY RD, STE 108  
CITY-ST-ZIP CHESTERFIELD MO

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS SUITE 203  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)