

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norburn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001168 (4)

1. Corporation Name:

STANDARD MORTGAGE UNLIMITED, INC.

Principal Place of Business

**10971 FOUR SEASONS PL
CROWN POINT IN 46307
US**

Mailing Address

**10971 FOUR SEASON PL
CROWN POINT IN 46307
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1993

3a. Date of Last Report

03/10/1994

4. FEI Number

35-1725916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.092,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, PAUL R
4741 SPRING CREEK DRIVE
BONITA SPRINGS FL 33923**

81 Name

DAVID KAMPMAN

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

83 **4800 83rd AVE NORTH**

84 City

PINELLAS PARK, FL

FL

85 Zip Code

34665

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DAVID KAMPMAN

(Signature typed in printed name of registered agent and date of registration)

(Signature typed in printed name of registered agent and date of registration)

4-13-95

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**CP
RUSSELL, BRUCE M
3120 DEVONSHIRE CIR
CROWN POINT IN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BRUCE M. RUSSELL

(Signature typed in printed name of signing officer or director)

4-12-95

(Date)

1-800-777-0876

(Telephone Number)