

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90083 040 ***150.00

DOCUMENT # **F94000000686**
1. Entity Name
USA MORTGAGE CORPORATION



DO NOT WRITE IN THIS SPACE

24002866

2. Principal Place of Business
218 N EAST AVE PO 49287
Suite, Apt. #, etc.

3. Mailing Address
PO 49287
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA FL
Zip
34237
Country
USA

City & State
SARASOTA FL
Zip
34230
Country
USA

4. FEI Number
363664810

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Stephen D. KORSHAK
Street Address (P.O. Box Number is Not Acceptable)
2345 SAND LAKE RD #120
City
ORLANDO FL Zip Code
32809

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. I am familiar with, and accept the obligation of, the registered agent.

SIGNATURE

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL L EDELSTEIN 1256 SOUTH VIEW DR SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/Treas DENNY SANTAS 7 N WINSTON MILINGTON (HIGHTS), IL 60004
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other names empowered.

SIGNATURE:

[Handwritten Signature: Michael L Edelstein]
Michael L Edelstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/04 941-952 5808

CR2E034B (12/02)