

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006362

1. Entity Name

Mortgage Lenders Network USA, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

213 Court Street

3. Mailing Address

213 Court Street

Suite, Apt. #, etc.

11th Floor

Suite, Apt. #, etc.

11th Floor

City & State

Middletown, CT

City & State

Middletown, CT

4. FEI Number

06-1467394

Applied For

Not Applicable

Zip

06457

Country

US

Zip

06457

Country

US

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

Edwin F. Blanton, Esq.
825 Thomasville Road
Tallahassee, FL 32303

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, 2000 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 DCPS ☐ Delete
NAME Mitchell Heffernan
STREET ADDRESS 95 Cove Road
CITY-ST-ZIP Lyme, CT 06371

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

TITLE T ☐ Delete
NAME Randal S. Roberge
STREET ADDRESS 27 Regency Court
CITY-ST-ZIP Bristol, CT 06010

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

TITLE S ☐ Delete
NAME Lester WM Firstenberger
STREET ADDRESS 6 Daniel Shays Road
CITY-ST-ZIP Hopkinton, MA 01748

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
STREET ADDRESS
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NAME
STREET ADDRESS
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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

Mitchell L. Heffernan
President + CEO

Date

4/11/2000

Daytime Phone #

860-344-5700

CR2E034 (9/99)