# - Partie Billian Barrella, He block of the second

## **2000 UNIFORM BUSINESS REPORT (UBR)**

# DOCUMENT # F98000001488

1. Entity Name

COMMUNITY MORTGAGE SERVICES, INC. - FORT MYERS

# FILED Jan 25, 2000 8:00 am Secretary of State

	ini momanae denvided,				01-25-2000	•			
Principal Plac	ce of Business	Mailing Address	<del></del>	_					
14275 NORTHWESTERN HWY STE. 201 SOUTHFIELD MI 48075		24275 NORTHWESTERN HWY STE. 201 SOUTHFIELD MI 48075-2599		1					
2. Principal F	Place of Business	3. Mailing Address		_}					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					E IN THIS S		
City & State		City & State		4. FEIT	4. FEI Number 38-2697627 Applied For				
Zip Country		Zip Country				091021			ot Armin .
				5. Cert	ificate of Status I	Desired		\$8.75 Ade	
	6. Name and Address of Current F	Registered Agent	Name	7. Nam	e and Address	of New Re	gistered A	gent	
1027	ke, ronald 11 deer run farms, ste. 3 1 myers fl 33912	Street Address		s (P.O. Box 1	Number is Not Ad	cceptable)		Zip Cod	
	<del></del>	<del></del> _	City	<del>,</del>			FL	Zip Cod	
Tax filing :	Signature, typed or printed name of registered agent are oration is eligible to satisfy its Intangible requirement and elects to do so.  ria on back)	FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of Sta		, 1	0. Election Cam Trust Fund Co	. •			May Be
11.	OFFICERS AND D	DIRECTORS	12.	ADDIT	ONS/CHANGES	TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPV GAZDAG, ERNEST L 33088 CHIEF LANE WESTLAND MI 48185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAZDAG, SHERYL A 38283 CAROLON WESTLAND MI 48185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			* . ·		☐ Change	Additi
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			Change	Additi
TITLE NAME STREET ADDRESS GITY-ST-ZIP	certify that the information supplied with to on this report or supplemental report is to	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Danil - 10		Diah.da		☐ Change	Addition

13. Thereby 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICER OR DIRECTOR

17/200 241

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