

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001488**

1. Entity Name

COMMUNITY MORTGAGE SERVICES, INC. - FORT MYERS**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90152 049 ***150.00

Principal Place of Business

Mailing Address

**24275 NORTHWESTERN HWY., STE. 201
SOUTHFIELD MI 48075****24275 NORTHWESTERN HWY., STE. 201
SOUTHFIELD MI 48075**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-2697627**

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

**LEMKE, RONALD
10271 DEER RUN FARMS, STE. 3
FORT MYERS FL 33912**

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, 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	CPV	<input checked="" type="checkbox"/> Delete
NAME	GAZDAG, ERNEST L	
STREET ADDRESS	33088 CHIEF LANE	
CITY-ST-ZIP	WESTLAND MI 48185	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNEST J. GAZDAG	
STREET ADDRESS	35862 CANYON, WESTLAND, MI 48186	
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
NAME	GAZDAG, SHERYL A	
STREET ADDRESS	38283 CAROLON	
CITY-ST-ZIP	WESTLAND MI 48185	

TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERYL A. GAZDAG	
STREET ADDRESS	38283 CAROLON, WESTLAND, MI 48185	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL K. GAZDAG	
STREET ADDRESS	43464 GERI DRIVE, CANTON, MI 48187	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDOLPH L. GAZDAG	
STREET ADDRESS	8603 RAVINE, WESTLAND, MI 48185	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**ERNEST J. GAZDAG PRESIDENT****01/15/01****248-263-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)