

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90024 033 \*\*\*150.00

**DOCUMENT # F98000001976**

1. Entity Name

**MORTGAGE AMENITIES CORP.**

Principal Place of Business

**23 BLACKSTONE VALLEY PLACE  
 LINCOLN RI 02865-1163**

Mailing Address

**23 BLACKSTONE VALLEY PLACE  
 LINCOLN RI 02865-1163**

2. Principal Place of Business

**25 Blackstone Valley Pl.**

3. Mailing Address

**25 Blackstone Valley Pl.**

Suite, Apt. #, etc.

**Suite 201**

Suite, Apt. #, etc.

**Suite 201**

City & State

**Lincoln, RI**

City & State

**Lincoln, RI**

4. FEI Number **04-0310903**

Applied For  
 Not Applicable

Zip

**02865-1163**

Country

**USA**

Zip

**02865-1163**

Country

**USA**

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

**MACDONALD, ARTHUR B  
 635 WEDGE DR.  
 NAPLES FL 34103**

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 \_\_\_\_\_ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>C MACDONALD, DAVID B</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>32 STOWE RD. SANDWICH MA 02563</b>		
<input type="checkbox"/> Delete	<b>VS BRIDEN, ROBERT A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Secretary/Vice President</b>
	<b>170 SECOND ST. EAST PROVIDENCE RI 02914</b>		<b>Robert A. Briden 134 Homestead Ave. Warwick, RI 02889</b>
<input type="checkbox"/> Delete	<b>P RYAN, KENNETH</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>1 TIGER LILY TRAIL REHOBOTH MA 02769</b>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001 401-334-1648

Date Daytime Phone #

CR2E034 (10/00)