

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001976**

1. Entity Name

MORTGAGE AMENITIES CORP.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90024 033 ***150.00

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 201Suite, Apt. #, etc.
Suite 201City & State
Lincoln, RICity & State
Lincoln, RI4. FEI Number **04-0310903**Applied For
Not ApplicableZip
02865-1163Country
USAZip
02865-1163Country
USA5. 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

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
C
MACDONALD, DAVID B
32 STOWE RD.
SANDWICH MA 02563 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
BRIDEN, ROBERT A
170 SECOND ST.
EAST PROVIDENCE RI 02914 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Vice President ☒ Change ☐ Addition
Robert A. Briden
134 Homestead Ave.
Warwick, RI 02889TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RYAN, KENNETH
1 TIGER LILY TRAIL
REHOBOTH MA 02769 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001 401-334-1648

Date

Daytime Phone #

CR2E034 (10/00)