

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005268

1. Entity Name

MG INVESTMENTS, INC. PYRAMID MORTGAGE

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90038 003 ***150.00

Principal Place of Business ATTN: L.J. WALKER 4502 E. MORGAN AVE. EVANSVILLE IN 47715-2256	Mailing Address ATTN: L.J. WALKER 4502 E. MORGAN AVE. EVANSVILLE IN 47715-4025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1420 Kimber Lane	3. Mailing Address 1420 Kimber Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Evansville IN	City & State Evansville In
Zip 47715	Country United States

4. FEI Number 35-1892924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT FIORETTI, GARY A 445 BERINGER DR. EVANSVILLE IN 47711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC FIORETTI, MICHELLE M 445 BERINGER DR. EVANSVILLE IN 47711 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARK, TONY L 4502 E. MORGAN AVE. EVANSVILLE IN 47715 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLORETTI, MICHELLE M 445 BERINGER DR. EVANSVILLE IN 47711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S.D michelle m. Fioretti <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1420 Kimber Lane 445 Beringer Dr. Evansville, In 47711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIORETTI, MICHELLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Ray G. Ernest* _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR