

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90006 033 \*\*\*550.00

**DOCUMENT # F99000002565**

1. Entity Name

**SIMPLIFIED MORTGAGE GROUP, INC.**

Principal Place of Business

**2851 HIGH MEADOW CIRCLE, STE. 100  
 AUBURN HILLS MI 48326**

Mailing Address

**2851 HIGH MEADOW CIRCLE, STE. 100  
 AUBURN HILLS MI 48326**

2. Principal Place of Business

**155 W. BIG BEAVER RD**

3. Mailing Address

**155 W. BIG BEAVER RD.**

Suite, Apt. #, etc.

**SUITE 500**

Suite, Apt. #, etc.

**SUITE 500**

City & State

**TROY, MICHIGAN**

City & State

**TROY, MICHIGAN**

Zip

**48084**

Country

**USA**

Zip

**48084**

Country

**USA**

4. FEI Number

**38-3323716**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORINTI, TOM  
 1311 N.W. SHORE BLVD.  
 TAMPA FL 33607**

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

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **P** ☐ Delete  
 NAME **PLATTE, EDWARD A**  
 STREET ADDRESS **2851 HIGH MEADOW CIRCLE, STE. 100**  
 CITY-ST-ZIP **AUBURN HILLS MI 48326**

TITLE **CEO** ☐ Delete  
 NAME **BRAY, RONALD E**  
 STREET ADDRESS **2851 HIGH MEADOW CIRCLE, STE. 100**  
 CITY-ST-ZIP **AUBURN HILLS MI 48326**

TITLE **VT** ☐ Delete  
 NAME **LAMBKA, DENNIS E**  
 STREET ADDRESS **2851 HIGH MEADOW CIRCLE, STE. 100**  
 CITY-ST-ZIP **AUBURN HILLS MI 48326**

TITLE **S** ☐ Delete  
 NAME **LAMBKA, BRIAN W**  
 STREET ADDRESS **2851 HIGH MEADOW CIRCLE, STE. 100**  
 CITY-ST-ZIP **AUBURN HILLS MI 48326**

TITLE **V** ☒ Delete  
 NAME **CARLESIMO, DAVID O**  
 STREET ADDRESS **2851 HIGH MEADOW CIRCLE, STE. 100**  
 CITY-ST-ZIP **AUBURN HILLS MI 48326**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **155 W. BIG BEAVER RD. SUITE 500**  
 CITY-ST-ZIP **TROY, MICHIGAN 48084**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

**EDWARD A. PLATTE**

**8-29-01**

**258-269-7050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)