

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000003487**

1. Entity Name

Check 'n Go Mortgage Corporation

Principal Place of Business

Mailing Address

2. Principal Place of Business

5155 Financial Way

3. Mailing Address

5155 Financial Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mason, Ohio

City & State

Mason, Ohio

Zip

45040

Country

Warren

Zip

45040

Country

Warren

4. FEI Number

311650996

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700003397917-3

03/13/00-01032-025

City

***550.00 FL ***550.00

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.

700003397917-3

03/13/00-01032-026

*****8.75 *****8.75

SIGNATURE

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Jared A. Davis
CITY-ST-ZIP	5155 Financial Way
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	A. David Davis
CITY-ST-ZIP	5155 Financial Way
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer/CFO
STREET ADDRESS	Stephen K. Curtis
CITY-ST-ZIP	5155 Financial Way
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	Stephen J. Schaller
CITY-ST-ZIP	5155 Financial Way
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Stephen K. Curtis
CITY-ST-ZIP	5155 Financial Way
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	A. David Davis
CITY-ST-ZIP	5155 Financial Way

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jared A. Davis - President 9/12/00 513-330-7735

Date

Daytime Phone #

CR2E034 (5/00)