

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90050 045 \*\*\*150.00

**DOCUMENT # F99000004920**

1. Entity Name

**MORTGAGES IN PARADISE, INCORPORATED**

Principal Place of Business

Mailing Address

~~10600 W. 143RD ST.~~  
~~ORLAND PARK IL 60462~~

~~10600 W. 143RD ST.~~  
~~ORLAND PARK IL 60462~~

**4299A ISLAND CIRCLE**  
**FONT MYERS, FL 33919**

2. Principal Place of Business

**4299A ISLAND CIRCLE**

3. Mailing Address

**4299 ISLAND CIRCLE**

Suite, Apt. #, etc.

**FONT MYERS, FL**

Suite, Apt. #, etc.

**SUITE A**

City & State

**FONT MYERS, FL**

City & State

**FONT MYERS, FL**

Zip

**33919**

Country

**USA**

Zip

**33919**

Country

**USA**

6. Name and Address of Current Registered Agent

**COMPLIANCE CONSULTING CORPORATION OF FL**  
**407 S. DIXIE HWY., STE. 5**  
**LAKE WORTH FL 33460**

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 \$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

TITLE **CP** ☐ Delete  
NAME **NOVAK, RICHARD C**  
STREET ADDRESS **10600 W. 143RD ST.**  
CITY-ST-ZIP **ORLAND PARK IL 60462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4299A ISLAND CIRCLE**  
CITY-ST-ZIP **FONT MYERS, FL 33919**

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

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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:

**RICHARD C. NOVAK 4-30-01 410-4303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)