

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G68348

1. Entity Name
OSPREY MORTGAGE COMPANY

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90004 047 ***150.00

Principal Place of Business

333 S. TAMiami TRAIL
STE. 388
VENICE FL 34285
US

Mailing Address

333 S. TAMiami TRAIL
STE. 388
VENICE FL 34285
US

2. Principal Place of Business

200 CAPRI ISLES BLVD.

3. Mailing Address

200 CAPRI ISLES BLVD.

Suite, Apt. #, etc.

SUITE 2F

Suite, Apt. #, etc.

STE 2F

City & State

VENICE FL

City & State

VENICE, FL.

Zip

34292

Country

FLORIDA

Zip

34292

Country

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DETERT, NANCY
333 S. TAMiami TRAIL
SUITE 368
VENICE FL 34285

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

Nancy Detert - NANCY DETERT - PRES.

3/24/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
DETERT, NANCY
333 S. TAMiami TRAIL #388
VENICE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

Nancy Detert - NANCY DETERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/01 941-484-1867

Daytime Phone #

CR2E034 (10/00)