

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H05498

1. Entity Name

MSB MORTGAGE COMPANY OF FLORIDA, INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90056 008 ***150.00

Principal Place of Business

Mailing Address

PEOPLES BANK. CORPORATE TAX DEPT.
MAIN ST.
BRIDGEPORT CT 06604

% PEOPLES BANK. CORPORATE TAX DEPT.
850 MAIN ST.
BRIDGEPORT CT 06604-4917

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1114187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DAVID E.A.	NAME	
STREET ADDRESS	850 MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT 06604	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, GEORGE	NAME	
STREET ADDRESS	850 MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCNIS, EDWARD	NAME	
STREET ADDRESS	850 MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT 06604	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESTOVAN, PETER M.	NAME	
STREET ADDRESS	850 MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT 06604	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATLOS, SUSAN	NAME	
STREET ADDRESS	850 MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT 06604	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)