2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Feb 04, 2002 8:00 am DOCUMENT # J00368 **Secretary of State** 1. Entity Name 02-04-2002 90211 001 ***150.00 MORTGAGE CONTRACTING SERVICES, INC. 02-04-2002 90211 002 *****8.75 Principal Place of Business Mailing Address L 1. WOGLES 1501 CHURCH AVE. 1501 S CHURCH AVE **SUITE #201** #201 TAMPA FL 33629 **TAMPA FL 33629** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2658123 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOSCALZO, FRANK JR Street Address (P.O. Box Number is Not Acceptable) 5114 WHITE PINE CIR ST PETERSBURG FL 33703 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (10/6) Delete ☐ Change Addition TITLE TITLE LOSCALZO, FRANK JR NAME NAME CR2E034 STREET ADDRESS 5114 WHITE PINE CIRCLE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME PALYS, STEVE F. STREET ADDRESS STREET ADDRESS 3622 AZEELE ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ 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 obality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report er supply to that it are not is true and faccurate 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 receipt of trustee Proposelies by effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if