

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J95246

1. Entity Name
MCB MORTGAGE, INC.

Principal Place of Business

923 DEL PRADO BLVD
STE 201
CAPE CORAL FL 33990
US

Mailing Address

923 DEL PRADO BLVD
SUITE 201
CAPE CORAL FL 33990
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, MICHAEL
3603 S.W. 5TH ST.
CAPE CORAL FL 33904

Name STEVE DOMBY

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

1108 SE 1ST TERRACE

City

CAPE CORAL

FL

Zip Code

33990

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 Steve Domby
Signature, typed or printed name of registered agent and title if applicable.

Steve Domby Pres.
(NOTE: Registered Agent signature required when reinstating)

01/03/01
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 PD ☒ Delete
NAME WELLS, MICHAEL
STREET ADDRESS 3603 SW 5TH STREET
CITY-ST-ZIP CAPE CORAL FL

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

TITLE VD ☐ Delete
NAME DOMBY, STEVE
STREET ADDRESS 1108 SE 1ST TERRACE
CITY-ST-ZIP CAPE CORAL FL

TITLE ☒ Change ☐ Addition
NAME Steve Domby
STREET ADDRESS 1108 SE 1st Terrace
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: Steve Domby Steve Domby 01/03/01 881-574-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90011 013 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)