

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K08787**

1. Entity Name

**MUTUAL MORTGAGE COMPANY****FILED****Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90019 040 \*\*\*150.00

Principal Place of Business

Mailing Address

311 TAYLOR ST  
PUNTA GORDA FL 33950  
US311 TAYLOR STREET  
PUNTA GORDA FL 33950-3828  
US

2. Principal Place of Business

3. Mailing Address

312 NesBit ST.

312 NesBit ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 113

STE. 113

City &amp; State

City &amp; State

Punta Gorda, FL.

Punta Gorda, FL.

Zip

Country

Zip

Country

33950

US

33950

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0026571

Applied For  
Not Applied5. 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

SYLAK, H. JAMES  
185 ROBINA ST  
PT CHARLOTTE FL 33954

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
SYLAK, H. JAMES  
185 ROBINA ST  
PT CHARLOTTE FL 33954 ☐ DeleteTITLE  
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CITY-ST-ZIP  
☐ Change ☐

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: 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 #

H. JAMES SYLAK, President  
1/7/00 941-637-4780