

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37202

1. Entity Name

INSERV MORTGAGE CORPORATION

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90046 007 ***150.00

Principal Place of Business 4520 N.E. 18 AVENUE #400 FT LAUDERDALE FL 33334 US	Mailing Address 4520 N.E. 18 AVENUE #400 FT LAUDERDALE FL 33334 US
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2. Principal Place of Business 1314 E. Las Olas Blvd. Suite, Apt. #, etc. #38 City & State Ft. Lauderdale, FL Zip 33301 Country USA	3. Mailing Address 1314 E. Las Olas Blvd. Suite, Apt. #, etc. #38 City & State Ft. Lauderdale, FL Zip 33301 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0167486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORES, CHARLES 1212 NE 17TH WAY FT. LAUDERDALE FL 33304	7. Name and Address of New Registered Agent Name Charles Moores Street Address (P.O. Box Number is Not Acceptable) 1314 E. Las Olas Blvd. #38 City Ft. Lauderdale FL Zip Code 33301
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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]* President Dorothy Moores
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)
Registered Agent Charles Moores
DATE 4/12/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORES, DOROTHY J 1212 NE 17 WAY FT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1314 E. Las Olas Blvd #38 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORES, CHARLES 1212 NE 17 WAY FT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1314 E. Las Olas Blvd. #38 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary W. Cross Peters <i>[Signature]</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Dorothy Moores President 4/12/01 954-938-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)