

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93961

1. Entity Name

MORTGAGE SECURITY NETWORK, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90408 040 ***150.00

Principal Place of Business

974 PAPAYA LANE
WINTER SPRINGS FL 32708
US

Mailing Address

974 PAPAYA LANE
WINTER SPRINGS FL 32708
US

C0068161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0211476

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KIMMEL, CLIFF
7181 HAVILAND CIRCLE
BOYNTON BEACH FL 33437

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, 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 ☐ Delete
NAME D
STREET ADDRESS KIMMEL, RANDYE
CITY-ST-ZIP 2929 S OCEAN BLVD #316
BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME President
STREET ADDRESS Randy Kimmel-McLemore
CITY-ST-ZIP 974 Papaya La.
Winter Springs, FL 32708

TITLE ☐ Delete
NAME KIMMEL, CLIFF
STREET ADDRESS 7181 HAVILAND CIRCLE
CITY-ST-ZIP BOCA RATON FL 33437

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Randy Kimmel-McLemore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 407388 0933

Date

Daytime Phone #

CR2E034 (10/00)