

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 30 PM 12: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/10*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M98000000949**

1. Entity Name  
**MORTGAGE PROFESSIONALS OF TAMPA BAY, LLC**

Principal Place of Business 3801 BAY TO BAY BLVD TAMPA FL 33629	Mailing Address <del>MS 122481, 1 HOME CAMPUS</del> DES MOINES IA 50328-0001
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2. Principal Place of Business	3. Mailing Address 1 Home Campus
Suite, Apt. #, etc.	Suite, Apt. #, etc. MAC X2404-035
City & State	City & State Des Moines, IA
Zip	Country USA
Country	Zip 50328-0001

4. FEI Number <b>59-3534998</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORWEST MORTGAGE, INC. MS 122481, 1 HOME CAMPUS DES MOINES IA 50328-0001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH & ASSOCIATES REALTORS, INC. 3801 BAY TO BAY BLVD TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norwest Mortgage, Inc dba Norwest Ventures, LLC MAC X2404-035 1 Home Campus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003206391--8 -04/12/00--01088--022 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Steven D. McClelland* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **Steven D. McClelland** 3/25/00 Date (515)221-7518 Daytime Phone #

CR2E083 (9/99)