

2000 UNIFORM BUSINESS REPORT (UBR)

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

~~MS 122481, 1 HOME CAMPUS~~
DES MOINES IA 50328-0001

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

Zip
50328-0001

Country
USA

4. FEI Number

59-3534998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGRM
NORWEST MORTGAGE, INC.
STREET ADDRESS MS 122481, 1 HOME CAMPUS
CITY-ST-ZIP DES MOINES IA 50328-0001

TITLE NAME ☒ Change ☐ Addition
Norwest Mortgage, Inc dba Norwest Ventures, LLC
STREET ADDRESS MAC X2404-035 1 Home Campus
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGRM
SMITH & ASSOCIATES REALTORS, INC.
STREET ADDRESS 3801 BAY TO BAY BLVD
CITY-ST-ZIP TAMPA FL 33629

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
100003206391--8
-04/12/00--01088--022
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Steven D. McClelland

3/25/00

(515)221-7518

Date

Daytime Phone #

VP Norwest Mortgage, Inc dba Norwest Ventures, LLC

APPROVED
AND
FILED

00 MAR 30 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/10



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)