

2001 UNIFORM BUSINESS REPORT (UBR)

0026500 AF

DOCUMENT # M98000000949

1. Entity Name
MORTGAGE PROFESSIONALS OF TAMPA BAY, LLC

FILED

01 APR 30 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3801 BAY TO BAY BLVD
TAMPA FL 33629

Mailing Address

1 HOME CAMPUS
MAC X2404-035
DES MOINES IA 50328-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
MAC X2401-049

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3534998

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

TITLE NAME MGRM NORWEST MORTGAGE INC/DBA NORWEST VENTURES
STREET ADDRESS MAC X2404-035 1 HOME CAMPUS
CITY-ST-ZIP DES MOINES IA 50328-0001 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME Wells Fargo Home Mortgage dba Wells Fargo Ventures, LLC
STREET ADDRESS MAC X2401-049, 1 Home Campus
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700004217347-9
CITY-ST-ZIP -05/15/01--01079--012
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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] VP-TAX

4/24/01

515-213-7518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/00)