2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011273

1. Entity Name: MEAR'S MORTAGE COMPANY

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90055 033 ***150.00

770618

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1875 NORTH CORPORATE LAKES BOULEVARD, WESTON FL 33326

Mailing Address: 1875 NORTH CORPORATE LAKES, Weston Fl 33326

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number: 65-0471654 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: TONY COLEMAN, 3275 West Hillsbrought Blvd, Suite 207, Deerfield Beach 33442

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD TONY COLEMAN 3275 WEST HILLSBROUGH BLVD SUITE 207 DEERFIELD BEACH ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ 5-21-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #