

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041228

1. Entity Name

U.S. MORTGAGES & FINANCIAL SERVICES, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90112 001 ***150.00

01-31-2001 90112 002 *****8.75

Principal Place of Business

315 LIVE OAK ST.
NEW SMYRNA BCH FL 32168

Mailing Address

315 LIVE OAK ST.
NEW SMYRNA BCH FL 32168

23775

2. Principal Place of Business

315 Live Oak St

3. Mailing Address

315 Live Oak St

Suite, Apt. #, etc.

New Smyrna Beach, FL

Suite, Apt. #, etc.

New Smyrna Beach, FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

Zip

32168

Country

U.S.

Zip

32168

Country

U.S.

4. FEI Number

59-3658197

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMAN, L. CLAYTON
315 LIVE OAK ST.
NEW SMYRNA BCH FL 32168

7. Name and Address of New Registered Agent

Name HUMAN, L. CLAYTON
Street Address (P.O. Box Number is Not Acceptable)
315 Live Oak St
New Smyrna Beach, FL
City FL Zip Code 32168

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

Clayton Human, CEO (NO Change's Required) 1-4-2001

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

TITLE PVT
NAME HUMAN, L. CLAYTON
STREET ADDRESS 315 LIVE OAK ST.
CITY-ST-ZIP NEW SMYRNA BCH FL 32168 ☐ Delete

TITLE D
NAME HUMAN, L. CLAYTON
STREET ADDRESS 315 LIVE OAK ST.
CITY-ST-ZIP NEW SMYRNA BCH FL 32168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Clayton Human, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-2001 (904) 423-3033

CR2E034 (10/00)