

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044179

1. Entity Name  
THE MORT GROUP, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 MAY -5 AM 11:51

Principal Place of Business  
4100 N POWERLINE RD.  
POMPANO BEACH FL 33073

Mailing Address  
P.O. BOX 93-8809  
MARGATE FL 33093-8809



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1004786

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENNINGS & VALANCY, P.A.  
311 SOUTH EAST 13TH STREET  
FT. LAUDERDALE FL 33316

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME HUNT, DONALD M  
STREET ADDRESS P.O. BOX 93-8809  
CITY-ST-ZIP MARGATE FL 33093-8809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300019564889 Change ☐ Addition ☐  
05/20/03--01022--002 \*\*150.00

TITLE VS  
NAME HUNT, NANCY A  
STREET ADDRESS P.O. BOX 93-8809  
CITY-ST-ZIP MARGATE FL 33093-8809

TITLE  
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STREET ADDRESS  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy A Hunt U.P. 4-25-03 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0636015 AT

CR2E034 (10/02)