

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051656

1. Entity Name

EASY STREET MORTGAGE, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90238 001 ***150.00

Principal Place of Business 2500 N. UNIVERSITY DRIVE, SUITE #15 SUNRISE FL 33322	Mailing Address 2500 N. UNIVERSITY DRIVE, SUITE #15 SUNRISE FL 33322
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2. Principal Place of Business 8921 W. ATLANTIC BLVD Suite, Apt. #, etc. m	3. Mailing Address 8921 W. ATLANTIC BLVD Suite, Apt. #, etc. m
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City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071	Zip 33071
Country Broward	Country Broward



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STOTT, ROBERT S 2500 N. UNIVERSITY DRIVE, SUITE #15 SUNRISE FL 33322	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8921 W. ATLANTIC BLVD Suite m City Coral Springs, FL Zip Code 33071
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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 Robert S. STOTT
Signature, typed or printed name of registered agent and title if applicable.

4/16/01
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	PST STOTT, ROBERT S 2500 N. UNIVERSITY DRIVE, SUITE #15 SUNRISE FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8921 W. ATLANTIC BLVD Ste m Coral Springs, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Robert S. STOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
Date

954-346-9400
Daytime Phone #

CR2E034 (10/00)