

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90006 020 \*\*\*150.00

**DOCUMENT # P00000061653**

1. Entity Name

**MORTGAGE ONE NETWORK INC.**

Principal Place of Business

Mailing Address

5465 CURRY FORD RD., STE. D4  
 ORLANDO FL 32812

5465 CURRY FORD RD., STE. D4  
 ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

**750 S. ORANGE BLOSSOM TR.**

**750 S. ORANGE BLOSSOM TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**227**

**227**

City & State

City & State

**Orlando FL**

**Orlando FL**

Zip

Country

Zip

Country

**32805**

**ORANGE**

**32805**

**ORANGE**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAYLE, CLAUDIA**

**5465 CURRY FORD RD., STE. D4  
 ORLANDO FL 32812**

Name

**CLAUDIA GAYLE**

Street Address (P.O. Box Number is Not Acceptable)

**1400 1/2 Wilton Ave**

City

**Orlando**

FL

Zip Code

**32805**

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

**CLAUDIA GAYLE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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	<b>PRESIDENT/OWNER</b>	<input type="checkbox"/> Delete
NAME	<b>Claudia Gayle</b>	
STREET ADDRESS	<b>1400 1/2 Wilton Ave</b>	
CITY-ST-ZIP	<b>Orlando FL 32805</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 my address, which I am or like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/01**

Date

**407-422-4442**

Daytime Phone

my mailing address is  
 P.O. Box 120246

CR2E034 (10/00)