

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065099

1. Entity Name
NATIONWIDE MORTGAGE, INC.

We moved.

Principal Place of Business
6213 PRESIDENTIAL COURT STE B
FORT MYERS FL 33919

Mailing Address
6213 PRESIDENTIAL COURT STE B
FORT MYERS FL 33919

2. Principal Place of Business
1639 Cape Coral Pk

3. Mailing Address
1639 Cape Coral Pk

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.
105

City & State
Cape Coral FL

City & State
Cape Coral FL

Zip
33901

Country
Lee

Zip
33901

Country
Lee

6. Name and Address of Current Registered Agent

SLAJDA, MICHAEL P
6213 PRESIDENTIAL COURT STE B
FORT MYERS FL 33919

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 *M. P. Slajda*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Michael P. Slajda 4-5-01
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

TITLE ☐ Delete
NAME D
STREET ADDRESS SLAJDA, MICHAEL P
CITY-ST-ZIP 5204 SW 2 PLACE
CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: *M. P. Slajda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 *941-549-1194*
Date Daytime Phone #

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91573 032 ***150.00

768320



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)