## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jul 18, 2001 08:00 AM DOCUMENT # P0000086173 Entity Name **Secretary of State** DIRECT MORTGAGE OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 2417 UNIVERSITY DRIVE 2417 UNIVERSITY DRIVE CORAL SPRINGS FL CORAL SPRINGS FL33065 33065 2. Principal Place of Business 3. Mailing Address 10303 ROYAL PALM BLVD 10303 ROYAL PALM BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CORAL SPRINGS CORAL SPRINGS 65-1040771 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARL 7447 NORTH WEST 57TH STREET Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL33319 US 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. SCOTT GITLAN 07/18/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition CR2E034 (11/00) ☐ Change MAME BECHERT CHRISTOPHER D NAME STREET ADDRESS STREET ADDRESS 10303 ROYAL PALM BLVD CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS 33065 ☐ Delete TITLE X Change NAME GITLIN SCOTT M NAME GITLIN SCOTT STREET ADDRESS 2417 UNIVERSITY DRIVE STREET ADDRESS 10303 ROYAL PALM BLVD CITY-ST-ZIP CORAL SPRINGS 33065 CITY-ST-ZIP CORAL SPRINGS FL33065 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \_\_christopher d bechert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/2001

Date

Daytime Phone #