

2001 UNIFORM BUSINESS REPORT (UBR)

5/7

FILED
May 23, 2001 8:00 am
Secretary of State

05-07-2001 90005 039 ***150.00

DOCUMENT # P00000092720

1. Entity Name

SELECT MORTGAGE U.S.A., INC.

Principal Place of Business

**4134 GULF OF MEXICO DR. STE 302
 LONGBOAT KEY FL 34228**

Mailing Address

**4134 GULF OF MEXICO DR. STE 302
 LONGBOAT KEY FL 34228**

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

65-1048417

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

**LIGHT, H. MARTIN JR
 4134 GULF OF MEXICO DR, STE 302
 LONGBOAT KEY FL 34228**

Name

GEORGE G. KERSTEN

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

**4134 GULF OF MEXICO DR. STE 302
 City LONGBOAT KEY FL Zip Code 34228**

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

George G. Kersten **GEORGE G. KERSTEN**

4-24-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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	D	<input checked="" type="checkbox"/> Delete
NAME	LIGHT, H. MARTIN JR	
STREET ADDRESS	4134 GULF OF MEXICO DR, STE 302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROWN, ANTHONY J	
STREET ADDRESS	4134 GULF OF MEXICO DR, STE 302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHIPPER JAMES R.	
STREET ADDRESS	4134 GULF OF MEXICO DR, STE 302	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
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		
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(A. Brown)
SECRETARY

Date

04/24/01

Daytime Phone #

CR2E034 (10/00)