

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90729 034 ***150.00

DOCUMENT # P01000061076

1. Entity Name
MORTGAGESPOT.COM INC



Principal Place of Business
6555 NORTH POWERLINE ROAD SUITE 114
FORT LAUDERDALE FL 33309

Mailing Address
6555 NORTH POWERLINE ROAD SUITE 114
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1114825**

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

GARDNER, JAMES
6555 NORTH POWERLINE ROAD SUITE 115
FORT LAUDERDALE FL 33309

Name **PAUL A. BYER**
Street Address (P.O. Box Number is Not Acceptable)
6555 NO. POWERLINE ROAD
SUITE 114
City **FT. LAUDERDALE** FL Zip Code **33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul A. Byer*
Signature, typed or printed name of registered agent and title if applicable.

PAUL A. BYER, V.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GARDNER, JAMES**
STREET ADDRESS **11662 NW 20TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **P.D.** ☒ Change ☐ Addition
NAME **JAMES T. GARDNER**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILEY, EARL S**
STREET ADDRESS **6636 LONGBOAT LANE G-108**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **V.S.D.** ☒ Change ☐ Addition
NAME **EARL S. WILEY**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** ☐ Change ☒ Addition
NAME **PAUL A. BYER**
STREET ADDRESS **2915 PALM AIRE DR. NO.**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul A. Byer* **PAUL A. BYER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-489-0800

CR2E034 (10/02)