

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90872 008 \*\*\*150.00

**DOCUMENT # P01000066399**

1. Entity Name

**LASSEIRE-SHELBY MORTGAGE, INC.**

Principal Place of Business

**2054 SOUTH KING STREET  
 SPRINGFIELD MO 65807**

Mailing Address

**2054 SOUTH KING STREET  
 SPRINGFIELD MO 65807**

2. Principal Place of Business

**3825 HENDERSON BLVD.**

Suite, Apt. #, etc.

**SUITE 204**

City & State

**TAMPA, FLORIDA**

Zip

**33629**

Country

**U.S.**

3. Mailing Address

**3825 HENDERSON BLVD.**

Suite, Apt. #, etc.

**SUITE 204**

City & State

**TAMPA, FLORIDA**

Zip

**33629**

Country

**U.S.**



DO NOT WRITE IN THIS SPACE

4. FEE Number

**43-1936473**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JORCZAK, MARIE  
 8108 SW 103 AVENUE  
 MIAMI FL 33173**

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

**N/A**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**N/A**

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, 2002 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 **D** ☐ Delete  
 NAME **LASSERRE, BRIAN**  
 STREET ADDRESS **2054 SOUTH KING STREET**  
 CITY-ST-ZIP **SPRINGFIELD MO 65807**

TITLE **D** ☐ Delete  
 NAME **LASSERRE, STACEY**  
 STREET ADDRESS **2054 SOUTH KING STREET**  
 CITY-ST-ZIP **SPRINGFIELD MO 65807**

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 **4021 THACKER WAY**  
 CITY-ST-ZIP **PLANT CITY, FL. 33567**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4021 THACKER WAY**  
 CITY-ST-ZIP **PLANT CITY, FL. 33567**

TITLE ☐ Change ☒ Addition  
 NAME **D SCOTT SHELBY**  
 STREET ADDRESS **2205 CLUBHOUSE DRIVE**  
 CITY-ST-ZIP **PLANT CITY, FL. 33567**

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

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:

**Stacey Lasserre** **STACEY LASSERRE** **3/25/02, 813-288-0112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)