

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90006 040 ***150.00

DOCUMENT # P02000008887

1. Entity Name
MORTGAGE IN MINUTES, INC.



Principal Place of Business
**19321 US 19 N. C-404
CLEARWATER FL 33764**

Mailing Address
**19321 US 19 N. C-404
CLEARWATER FL 33764**



2. Principal Place of Business

**19321 US 19 N. C-404
Suite, Apt. #, etc.
C-500**

3. Mailing Address

**19321 US 19 N
Suite, Apt. #, etc.
C-500**

☒ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number
45-0463070

Applied For
Not Applicable

Zip
33764

Country
U.S.A.

Zip
33764

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PORVAZNIK, PAUL J
6960 12 AVE N.
ST. PETERSBURG FL 33710**

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

SIGNATURE _____ (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 ☐ Delete
NAME **D**
STREET ADDRESS **PORVAZNIK, PAUL J**
CITY-ST-ZIP **6960 12 AVE. N.
ST PETERSBURG FL 33710**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-03 727-210-0808
Date Daytime Phone #

CR2E034 (10/02)