

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90974 012 ***150.00

DOCUMENT # P02000016490

1. Entity Name
MORTGAGE ACCEPTANCE PROPERTIES, INC.



Principal Place of Business
10695 BEACH BLVD.
JACKSONVILLE FL 32246

Mailing Address
10695 BEACH BLVD.
JACKSONVILLE FL 32246

2. Principal Place of Business

3. Mailing Address

P.O. Box 54074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE, FL.

Zip

Country

Zip

Country

32245 Duval

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

431951502

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(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	<input type="checkbox"/> Delete
NAME	ASHTON, JEFFERY J	
STREET ADDRESS	P.O. BOX 54074	
CITY-ST-ZIP	JACKSONVILLE FL 32245	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, P, T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERY J. ASHTON	
STREET ADDRESS	10695 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32245	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELISSA A. ASHTON	
STREET ADDRESS	10695 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32245	
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		

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

210-03 9047710402

Date

Daytime Phone #

CR2E034 (10/02)