## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

220 LOOKOUT PL #150

MAITLAND FL 32751

## DOCUMENT # P02000115146

1. Entity Name

Principal Place of Business

2. Principal Place of Business

220 LOOKOUT PL #150

MAITLAND FL 32751

Suite, Apt. #, etc.

City & State

Zip

MORTGAGE BANKERS ACADEMY, INC.

Country



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90177 023 \*\*\*150.00

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CHECK HERE IF MAKING CHA	NGES			
4. FEI Number	Applied For			
02-0650212	Not Applicable			
5. Certificate of Status Desired S8.75 Additional Fee Required				
_7 Name and Address of New Registered Agent				
O. Box Number is Not Acceptable)	·			
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			

				Fee Required	
-	6. Name and Address of Current Register	red Agent ವಿ	منهوريا هي - در	7Name and Address of New Registered Agent	
OLLUD E		Name			
, · · · · · · · · · · · · · · · · · · ·	QUAID, RICHARD		Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
	KOUT PL #150				
MAHLAN	D FL 32751				
			City	FL Zip Code	
A The above	named onlike submits this statement for the new	none of character its		· —	
the obligat	ions of registered agent.	pose or changing its n	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
0.0	·				
SIGNATURE	Signature, typed or printed name of registered agent and title if ap	pplicable (NOTE:	Registered Agent signature requ	ulred when reinstating) DATE	
	U.S. NOWILL FEE. 10 04 50 00	1		5/112	
	FILE NOW!!! FEE IS:\$150.00 After May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be	
Make Check	Payable to Florida Department of State			Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND DIRECTO	TRS	<b>I</b> 11.	ADDITIONS (CLIANIOSS TO OFFICEDS AND DISCOTORS AND	
TITLE	DPVS	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	QUAID, RICHARD	L Delete	NAME	Change Addition	
STREET ADDRESS	220 LOOKOUT PL #150		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751	•	CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	QUAID, RICHARD		NAME	Chunge Addition	
STREET ADDRESS	220 LOOKOUT PL #150		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		CITY-ST-ZIP		
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NAME			NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		-7-4	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE					
NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME	Shariye Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12 I harabu a	artiful that the information as maline with the fill of				

Country

12. Thereby 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 executely is 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 suppowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED AR

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2-24-23

407 815-1955

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