


*Amended*  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P04000038949 <b>1. Entity Name</b> Mortgage Approved, Inc.	
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**FILED**  
05 JUN 13 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 8046 Presidents Dr Suite, Apt. #, etc. Suite B City & State Orlando, FL Zip 32809 Country USA	<b>3. Mailing Address</b> Same Suite, Apt. #, etc. City & State City Country
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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 200800584 <b>Applied For</b> <input type="checkbox"/> Not Applicable <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>7. Name and Address of Current Registered Agent</b> Name Liza Jurgel Street Address (P.O. Box Number is Not Acceptable) 8046 Presidents Drive Suite B City Orlando FL Zip Code 32809
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**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** *Liza Jurgel*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO/Sec. Liza Jurgel 8046 Presidents Dr. Suite B Orlando, FL 32809	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Liza Jurgel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)