

P05000164846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

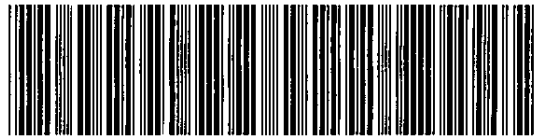
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 29 PM 12:10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MORTGAGE ASSOCIATES OF SARASOTA, INC.
Name of Corporation

DOCUMENT NUMBER: 905000164846

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOM N. ULREY
Name of Contact Person

MORTGAGE ASSOCIATES OF SARASOTA, INC.
Firm/Company

770 S. PALM AVE., UNIT 1601
Address

SARASOTA, FL 34236
City/State and Zip Code

TOMULREY@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOM N. ULREY at (941) 809-4516
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MORTGAGE ASSOCIATES OF SARASOTA, INC.
2. The principal office address: 770 S. PALM AVE, UNIT 1801
SARASOTA, FL 34236
3. The mailing address (if different): P.O. BOX 683
SARASOTA, FL 34230
4. Date of incorporation/qualification: 12/20/2005 Document number: 005000164846
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

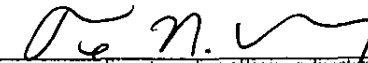
TOMMIE N. ULREY
425 S. GULFSTREAM, #503
SARASOTA, FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TOMMIE N. ULREY
770 S. PALM AVE, UNIT 1801
P.O. Box NOT acceptable
SARASOTA, FL 34236

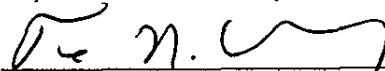
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

TOMMIE N. ULREY - PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

06/24/2009
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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DIVISION OF CORPORATIONS
SECRETARY OF STATE
06 JUN 29 PM 12:16