

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90092 039 ***150.00

DOCUMENT # P19590

1. Entity Name

MERCANTILE MORTGAGE COMPANY

Principal Place of Business

**8101 N HIGH ST # 380
 COLUMBUS OH 43235
 US**

Mailing Address

**8101 N HIGH ST # 380
 SUITE 180
 COLUMBUS OH 43235
 US**

2. Principal Place of Business

470 OLDE WORTHINGTON RD

3. Mailing Address

470 OLDE WORTHINGTON RD

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

WESTERVILLE OH

City & State

WESTERVILLE, OH

Zip

43082

Country

DELAWARE

Zip

43082

Country

DELAWARE

4. FEI Number

36-3570056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NOBLE, MARK A
 2706 ALT. 19 NORTH STE 302
 PALM HARBOR FL 34683**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
 NAME **NOBLE, RONALD B.**
 STREET ADDRESS **684 STONEFIELD LOOP**
 CITY-ST-ZIP **HEATHROW FL**

TITLE **CD** ☒ Delete
 NAME **SILVEOUS, ESTATE OF C DANIEL**
 STREET ADDRESS **3410 OLENTANGY RIVER ROAD**
 CITY-ST-ZIP **DELAWARE OH 43015**

TITLE **VD** ☐ Delete
 NAME **NOBLE, MARK A.**
 STREET ADDRESS **1300 PLAYMOOR DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **PD** ☐ Delete
 NAME **SILVEOUS, BRANT D.**
 STREET ADDRESS **3416 OLENTANGY RIVER ROAD**
 CITY-ST-ZIP **DELAWARE OH 43015**

TITLE **ST** ☐ Delete
 NAME **LAISURE, SHERRI K.**
 STREET ADDRESS **2091 HAYES COURT**
 CITY-ST-ZIP **LEWIS CENTER OH 43035**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sherril K. Laisure

4/29/02
 Date

614-885-6900
 Daytime Phone #

CR2E034 (9/01)