

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000051743**1. Entity Name
MONEYLAND MORTGAGE CORPORATION

Principal Place of Business

638 N. PUTNAM AVENUE

ORLANDO
32801

FL

Mailing Address

638 N. PUTNAM AVENUE

ORLANDO
32801

FL

2. Principal Place of Business

3. Mailing Address

PO BOX 541556

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

ORLANDO

FL

Zip

Country

Zip

Country

32804

4. FEI Number

59-3190909

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS DONAVAN
638 PUTNAM AVENUEORLANDO
32801

FL

US

7. Name and Address of New Registered Agent

Name

KARN TOBY L

Street Address (P.O. Box Number is Not Acceptable)
638 PUTNAM AVENUECity
ORLANDO

FL

Zip Code
32801

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 **TOBY L KARN**

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

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOWER ANGIE	
STREET ADDRESS	638 PUTNAM AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EMENS LISA	
STREET ADDRESS	638 PUTNAM AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHEROL CHRISTINA	
STREET ADDRESS	6028 CHESTER AVE 206	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KARN TOBY L	
STREET ADDRESS	638 PUTNAM AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS DONOVAN	
STREET ADDRESS	638 PUTNAM AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Toby L Karn

PD

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)