2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9300061901 May 01, 2000 8:00 am Secretary of State MORTGAGE.COM, INC. 05-01-2000 90482 015 ***150.00 Mailing Address Principal Place of Business 8751 BROWARD BLVD. 8751 BROWARD BLVD. 5TH FLOOR 5TH FLOOR PLANTATION FL 33318-0279 PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business 1643 North Harrison Parkway 1643 North Harrison Parkway DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. <u>Sunrise, FL_33323</u> Sunrise, FL 33323 Applied For 4. FEI Number City & State City & State 65-0435281 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 33323 USA Fee Required 33323 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WERNER, SETH Street Address (P.O. Box Number is Not Acceptable) 8751 BROWARD BLVD. 5TH FLOOR <u>1643 North Harrison Parkway</u> PLANTATION FL 33324 Zip Code 33<u>323</u> 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DCP** TITLE ▼ Change Addition ☐ Delete TITLE WERNER, SETH NAME NAME 1643 North Harrison Parkway STREET ADDRESS STREET ADDRESS 8751 BROWARD BLVD. 5TH FLOOR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Sunrise, FL 33323 ☐ Addition Change TITLE ☐ Delete TITLE JOHNSON, ED NAME 1643 North Harrison Parkway 8751 BROWARD BLVD., 5TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33324 Sunrise, FL 33323 K Change ☐ Addition ☐ Delete TITLE TITLE ANDERSON, CHRIS NAME NAME 1643 North Harrison Parkway 8751 BROWARD BLVD., 5TH FLOOR STREET ADDRESS STREET ADDRESS Sunrise, FL 33323 CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33324 Addition ☐ Change X Delete TITLE TITLE LARSON, DAVID NAME NAME 8751 BROWARD BLVD., 5TH FLOOR STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE HOGAN, JOHN J NAME NAME 1643 North Harrison Parkway 8751 BROWARD BLVD., 5TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sunrise, FL 33323 PLANTATION FL 33324 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NADDAFF, GEORGE NAME NAME STREET ADDRESS 305 WALNUT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEWTON MA 02160**

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 leport 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 a other like empowered.

SIGNATURE:

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seth Werner

4/14/00

(954) 838-5000

Daytime Phone #

CR2E034 (9/99