

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063143

1. Entity Name
ECOMORTGAGE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90293 015 ***150.00

Principal Place of Business Mailing Address
601 BAYSHORE BLVD. 601 BAYSHORE BLVD.
SUITE 960 SUITE 960
TAMPA FL 33606 TAMPA FL 33606-2761

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3269891 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OELSCHLAEGER, EDWARD R
601 BAYSHORE BLVD.
SUITE 960
TAMPA FL 33606

Name
C.JAE HEINBERG
Street Address (P.O. Box Number is Not Acceptable)
601 Bayshore Blvd. Suite 960
City Tampa FL Zip Code 33606

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 C. JAE HEINBERG

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, 2000 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 D ☐ Delete
NAME OELSCHLAEGER, EDWARD R
STREET ADDRESS 601 BAYSHORE BLVD., SUITE 960
CITY-ST-ZIP TAMPA FL 33606

TITLE ST ☒ Delete
NAME KIRKBRIDE, B
STREET ADDRESS 601 BAYSHORE BLVD, STE 960
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C.JAE HEINBERG ☒ Change ☐ Addition
NAME
STREET ADDRESS 601 Bayshore Blvd. Suite 960
CITY-ST-ZIP Tampa, Fl. 33606

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

4/28/2000

Date

Daytime Phone #

CR2E034 (9/99)