## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P94000075256 May 16, 2000 8:00 am Secretary of State GULF BAY MORTGAGE SERVICES, INC. 05-16-2000 90069 026 \*\*\*150.00 Principal Place of Business Mailing Address 801 LAUREL OAK DR STE 710 801 LAUREL OAK DR STE 710 NAPLES FL 34108-2707 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0532189 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 801 LAUREL OAK DR STE 710 NAPLES FL 34108 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE □ Delete TITLE FERRAO, AUBREY J NAME NAME STREET ADDRESS 4001 TAMIAMI TRAIL N, 350 STREET ADDRESS 3470 Club Center Blvd. CITY-ST-ZIP CITY-ST-7IP NAPLES FL Naples, FL 34114 ☐ Addition ★ Change ☐ Delete TITLE TITLE WOODWARD, MARK J NAME NAME STREET ADDRESS 801 LAUREL OAK DR STE 710 STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP NAPLES FL X Change ☐ Addition ☐ Delete TITLE DINARDO, ANTHONY NAME STREET ADDRESS STREET ADDRESS 4001 TAMIAMI TRAIL N, 350 3470 Club Center Blvd. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Naples, FL 34114 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

3/23/00

(941)732-9400