

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90046 020 ***150.00

706231

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000091411			
1. Entity Name THE MORTGAGE CLINIC, INC.			
Principal Place of Business 1601 N PALM AVE SUITE 106 PEMBROKE PINES FL 33026 US		Mailing Address 1601 N PALM AVE 209 B PEMBROKE PINES FL 33026-3200 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1601 N. Palm Ave. Suite, Apt. #, etc. Suite - 106 City & State Pembroke Pines, FL 33026 Zip 33026 Country U.S.A.	
6. Name and Address of Current Registered Agent SCHLEHUBER, TIM I 12054 NW 11 ST PEMBROKE PINES FL 33025		4. FEI Number 65-0545675 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Tim I. Schlehuber DATE 1-15-2000 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SCHLEHUBER, TIM I. 12054 NW 11 ST PEMBROKE PINES FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tim I. Schlehuber		Date 1-15-2000 Daytime Phone # 954-442-7388	

CR2E034 (9/99)