

# 2000 UNIFORM BUSINESS REPORT (UBR)

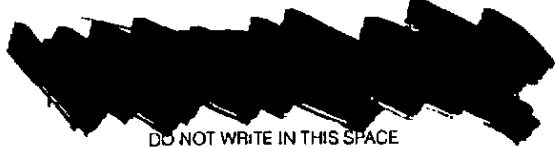
APPROVED  
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 06-20-2000 90008 038 \*\*\*150.00  
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DOCUMENT # P95000049524

1. Entity Name  
**NORTHCENTRAL MORTGAGE SERVICES CORPORATION**

00 JUL 17 AM 11:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
 605 SW 1ST AVENUE 605 SW 1ST AVENUE  
 Ocala FL 34474-4482 Ocala FL 34474-4282

2. Principal Place of Business 3. Mailing Address  
**605 SW FIRST AVENUE 605 SW FIRST AVENUE**  
 Suite, Apt. #, etc. Suite Apt. #, etc.

City & State City & State  
 Zip Country Zip Country  
**34474-4282**

4. FEI Number **59-3328150** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PULSIPHER, JUDY L**  
**605 SW 1ST AVENUE**  
**OCALA FL 34474-4482**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**605 SW FIRST AVENUE**  
 City **FL** Zip Code **34474-4282**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD NAME PULSIPHER, JUDY L STREET ADDRESS 605 SW 1ST AVENUE CITY-ST-ZIP OCALA FL 34474-4482	<input type="checkbox"/> Delete
TITLE VD NAME PULSIPHER, W L STREET ADDRESS 605 SW 1ST AVENUE CITY-ST-ZIP OCALA FL 34474-4482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>605 SW FIRST AVENUE</b> <b>34474-4282</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>605 SW FIRST AVENUE</b> <b>34474-4282</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **W.L. PULSIPHER** **1-6-00** **352-351-3200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pg 2 of 2



June 15, 2000

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Received our filing back in the mail from the post office because it was mutilated in transit and returned to us by the post office in another envelope.

I contacted your office to inform you of the problem and to request further instruction. I was told to write this letter, replace the check and include a copy of my copy of the original paperwork. Everything requested is enclosed and if you have any questions, please contact me at 800-497-2670.

Sincerely

A handwritten signature in cursive script, appearing to read "Judy L. Pulsipher".

Judy L. Pulsipher  
President

Cc: W. L. Pulsipher, E.V.P.

Stacey

FAX - 850 487 6017