

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90147 020 \*\*\*150.00

**DOCUMENT # P95000097415**

1. Entity Name  
**IMC MORTGAGE COMPANY**

Principal Place of Business

**10014 N DALE MABRY  
 101  
 TAMPA FL 33618**

Mailing Address

**10014 N DALE MABRY  
 101  
 TAMPA FL 33618**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**PO Box 271597**

**TAMPA FL**

**33688**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3350574**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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, 2002 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	CEO	<input checked="" type="checkbox"/> Delete
NAME	PITOCCHIO, DENNIS J	
STREET ADDRESS	5901 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33617-2362	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWINDT, JEAN	
STREET ADDRESS	1716 CORPORATE LANDING PKWY	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOOD, KRIS	
STREET ADDRESS	10014 N DALE MABRY #101	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MELONE, ROBERT	
STREET ADDRESS	10014 N DALE MABRY #101	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ZUK, ZINA	
STREET ADDRESS	10014 N DALE MABRY #101	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	AULT, JEFF	
STREET ADDRESS	10014 N DALE MABRY #101	
CITY-ST-ZIP	TAMPA FL 33618	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S/P &amp; LIQUIDATING OFFICER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT F. MELONE</b>	
STREET ADDRESS	<b>5305 SILVER CROWN TERR</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33544</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**ROBERT F. MELONE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**  
 Date

**813.907.3379**  
 Daytime Phone #

CR2E034 (9/01)