

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017904

1. Entity Name

MONEYLINE MORTGAGE, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90044 013 ***150.00

Principal Place of Business

Mailing Address

14110 PERDIDO KEY DRIVE SUITE L-2
PENSACOLA FL 32507

14110 PERDIDO KEY DRIVE SUITE L-2
PENSACOLA FL 32507-9575

2. Principal Place of Business

3. Mailing Address

14110 Perdido Key Dr.

14110 Perdido Key Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite m

Suite m

City & State

City & State

Pensacola, FL

Pensacola, FL

Zip

Country

FL 32507 USA

Zip

Country

32507 USA

4. FEI Number

59-3368800

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

DEY, GORDON J JR.
6805 DEVONSHIRE CIRCLE
PENSACOLA FL 32506

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS 6805 DEVONSHIRE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☒ Change ☐ Addition
NAME >same
STREET ADDRESS 14125 Perdido Key Dr., Unit #5
CITY-ST-ZIP Pensacola, FL 32507

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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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

Gordon J. Dey, Jr. 4-12-00 850-492-5870

Date

Daytime Phone #

CR2E034 (9/99)