

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0507683 AV

DOCUMENT # P96000024129

1. Entity Name

1507100 MORTGAGE INVESTMENTS, INC.

04-02-2002 90043 047 ***150.00

Principal Place of Business

**870 BALD EAGLE DR
 1B
 MARCO ISLAND FL 34145
 US**

Mailing Address

**870 BALD EAGLE DR
 1B
 MARCO ISLAND FL 34145
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**997 N. COLUEN BLVD
 STE G**

3. Mailing Address

**997 N. COLUEN BLVD
 STE G**

City & State

MARCO ISL FL

City & State

MARCO ISL FL

4. FEI Number

65-0672683

Applied For

Not Applicable

Zip

34145

Country

us

Zip

34145

Country

us

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**REINDERS, JAMES M
 870 BALD EAGLE DR
 SUITE 1B
 MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

**Name
 REINDERS JAMES M
 Street Address (P.O. Box Number is Not Acceptable)
 997 N. COLUEN BLVD STE G
 City MARCO ISL FL Zip Code 34145**

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

JAMES M. REINDERS

3/23/02

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 **PD** ☐ Delete
 NAME **REINDERS, JAMES M**
 STREET ADDRESS **870 BALD EAGLE DR, STE 1B**
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **VSTD** ☐ Delete
 NAME **SNYDER, WILLIAM F**
 STREET ADDRESS **870 BALD EAGLE DR, STE 1B**
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **REINDERS, JAMES M**
 STREET ADDRESS **997 N. COLUEN BLVD STE G**
 CITY-ST-ZIP **MARCO ISL FL 34145**

TITLE **VSTD** ☒ Change ☐ Addition
 NAME **SNYDER WILLIAM F**
 STREET ADDRESS **997 N COLUEN BLVD STE G**
 CITY-ST-ZIP **MARCO ISL FL 34145**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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:

WILLIAM F SNYDER UP

Date

3/23/02

Daytime Phone #

941 389 1110

CR2E034 (9/01)