

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026871

1. Entity Name  
MORTGAGE CORPORATION OF AMERICA

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90011 013 \*\*\*150.00

Principal Place of Business  
3321 HENDERSON, SUITE 210  
TAMPA FL 33609

Mailing Address  
3321 HENDERSON, SUITE 210  
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3401 HENDERSON BLVD.

Suite, Apt. #, etc.

B

City & State  
TAMPA, FL

Zip  
33609

Country  
USA

3. Mailing Address

3401 HENDERSON BLVD

Suite, Apt. #, etc.

B

City & State  
TAMPA, FL

Zip  
33609

Country  
USA

4. FEI Number 59-3372509

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

MATHIASON, MARK O  
3321 HENDERSON, SUITE 210  
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

3401 HENDERSON BLVD STE B

City

TAMPA

FL

Zip Code

33609

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 MARK O. MATHIASON MARK O. MATHIASON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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, 2001 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 MATHIASON, MARK O  
CITY-ST-ZIP 800 S. DAKOTA #308  
TAMPA FL 33606

TITLE ☒ Change ☐ Addition  
NAME 2520 W. SIMMS  
STREET ADDRESS TAMPA, FL. 33609  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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

MARK O. MATHIASON

Date

Daytime Phone #

4/24/01 813-263-8295

CR2E034 (10/00)