

P 96000032190

**MORTGAGE DEPOT ASSOCIATES INC.**

4905 Chiquita Blvd. W. Ste. 104  
CAPE CORAL, FL 33914-6967

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-08/20/99--01091--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP -2 PM 3:40

FILED

Examiner's Initials

*[Handwritten Signature]*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 25, 1999

MORTGAGE DEPOT ASSOCIATES INC  
4905 CHIQUITA BLVD W STE 104  
CAPE CORAL, FL 33914-6967

SUBJECT: MORTGAGE DEPOT ASSOCIATES, INC.  
Ref. Number: P96000032190

We have received your document for MORTGAGE DEPOT ASSOCIATES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Anna Chesnut  
Corporate Specialist

Letter Number: 099A00042590

RECEIVED  
99 SEP -2 AM 9:48  
DIVISION OF CORPORATIONS

\*\*\* FILING FEE: \$35.00 \*\*\*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Mortgage Depot Associates Inc.
2. The mailing address of the corporation is: 4905 Chiquita Blvd South  
Suite 104, Cape Coral, FL 33914
3. Date of incorporation/qualification: 4-12-96 Document number: P96000032190
4. The name and address of the current registered agent and office:

7181 College Parkway  
Suite 2  
Fort Myers FL 33907

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

4905 Chiquita Blvd South  
Suite 104  
Cape Coral, FL 33914

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Jack Hennessy  
(Signature of an officer, chairman or vice chairman of the board)

8-16-99  
(Date)

Jack Hennessy President  
(Printed or typed name and title)

8-16-99  
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Jack Hennessy  
(Signature of Registered Agent)

8-28-99  
(Date)

If signing on behalf of an entity:

Jack Hennessy  
(Typed or Printed Name)

President  
(Capacity)

FILED  
99 SEP -2 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA