

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041719

1. Entity Name

DT MORTGAGE CORP.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90089 001 ***750.00

Principal Place of Business

Mailing Address

215 5TH ST.
SUITE 108
WEST PALM BEACH FL 33401

215 5TH ST.
SUITE 108
WEST PALM BEACH FL 33401-4026

1 0 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 N. Florida Mango Rd

3. Mailing Address

2000 N. Florida Mango Rd.

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

WSPB FL

City & State

WSPB FL

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach

4. FEI Number

65-0835605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GIORDANO, JOHN N~~
~~220 S FRANKLIN ST~~
~~TAMPA FL 33602~~

7. Name and Address of New Registered Agent

Name

Deborah Dentry Baggett

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

2000 N. Florida Mango Rd

#200

City

WSPB

FL

Zip Code
33409

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

Deborah Dentry Baggett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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

TITLE PD ☐ Delete

NAME HEATON, LINN
STREET ADDRESS 215 5TH STREET, SUITE 108
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE VPD ☐ Delete

NAME HEATON, LEE
STREET ADDRESS 215 5TH STREET, SUITE 108
CITY-ST-ZIP WEST PALM BEACH FL 33401

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 ☒ Change ☐ Addition

NAME
STREET ADDRESS 2000 N. Florida Mango Rd. #200
CITY-ST-ZIP WSPB FL 33409

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 2000 N. Florida Mango Rd #200
CITY-ST-ZIP WSPB FL 33409

TITLE ☐ Change ☒ Addition

NAME Deborah Dentry Baggett
STREET ADDRESS 2000 N. Florida Mango Rd #200
CITY-ST-ZIP WSPB FL 33409

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

Deborah Dentry Baggett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

561-697-5552

CR2E034 (9/99)