

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90162 044 ***150.00

DOCUMENT # P96000059426

1. Entity Name

MORTGAGE PLUS CORPORATION

Principal Place of Business

Mailing Address

375 DOUGLAS AVENUE
SUITE 2009
ALTAMONTE SPRINGS FL 32714
US1224 MAJESTIC OAK DRIVE
APOPKA FL 32712-2510
US

2. Principal Place of Business

3. Mailing Address

1224 Majestic Oak Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Apopka, FL

Zip
32712Country
USA

Zip

Country

4. FEI Number

59-3389003

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**TURNER, DOUGLAS L
1224 MAJESTIC OAK DRIVE
APOPKA FL 32712

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PTD	TURNER, DOUGLAS L	445 DOUGLAS AVENUE, SUITE 2205-L	ALTAMONTE SPRINGS FL 32714				
VSD	TURNER, EMILY M	445 DOUGLAS AVENUE, SUITE 2205-L	ALTAMONTE SPRINGS FL 32714				

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

Date

Daytime Phone #

CR2E034 (9/99)