## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000059426

Entity Name

## MORTGAGE PLUS CORPORATION

2. Principal Place of Business
1224 Majestic OAK DK

Principal Place of Business

ALTAMONTE SPRINGS FL 32714

Mailing Address

3. Mailing Address

375 DOUGLAS AVENUE SUITE 2009 1224 MAJESTIC OAK DRIVE APOPKA FL 32712-2510

110

US



**FILED** 

May 04, 2000 8:00 am Secretary of State

05-04-2000 90162 044 \*\*\*150.00

Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE															
City & State	OKA I	Fί	City & State			<b>4.</b> F	4. FEI Number 59-3389003			Applied For	]											
Zippe) r	7/2	Country VS A	Zip .	Country		5. (	Certificate of Status Desired		\$8.75 Ad	dditional												
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent																	
Turner, Douglas L 1224 Majestic oak drive					Name Street Address (P.O. Box Number is Not Acceptable)																	
												APO	712			<b>©</b> ,						
																		City FL Zip Code				
8. The above	named exit	/ submits his statement fo	or the purpose of changing its	register	ed office or	registered ag	ent, or both, in the State of Floric	la.			1											
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SIGNATURE	show I	7066	JIK.	- President 4/26/00																		
Signature, World or printer name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE																						
9 This corno	ration & ella	ible to satisfy its Intangible	FILE NOW	!!! FEE	IS \$150.0	0																
9. This corporation is of gible to satisfy its Intangible FILE NOW!!! I Tax filing requirement and elects to do so.  After MAY 1, 2000							<ol> <li>10. Election Campaign Finar Trust Fund Contribution.</li> </ol>	icing		<b>00</b> May Be ed to Fees	1											
(See criteria on back)   Make Check Payable t					I INDECTOR CONTRIDUCTION - F				Aude	AG TO FEES												
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	1												
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13 I hereby o	Cartify that th	e information supplied with	this filing does not qualify for	r the exe	motion stat	ed in Section	119 07(3)(i) Florida Statutes I fu	irther cert	ify that the	information	1											

13. I hereby certify that the information supplied with this filling 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 of 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

4126/00

402-880-6815 Daytime Phone #