

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90061 003 ***150.00

DOCUMENT # P96000076809

1. Entity Name
DIRECT MORTGAGE LENDER, INC.



Principal Place of Business

4400 N. FEDERAL HWY

#49

BOCA RATON FL 33431

US

Mailing Address

1086 LAKESIDE BLVD

BOCA RATON FL 33434

US

2. Principal Place of Business

7847 LAKESIDE BLVD

Suite, Apt. #, etc.

1086

3. Mailing Address

7847 LAKESIDE BLVD

Suite, Apt. #, etc.

1086

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33434

Country

P. BEACH

Zip

33434

Country

PALE BEACH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

65-069-7548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOURAITIS, NICOLAS

20110 BOCA W. DR.

APT 228

BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **STOURAITIS, NICOLAS**
STREET ADDRESS **20110 BOCA RATON DR. APT 228**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **VP** ☐ Delete
NAME **STOURAITIS, RENEE**
STREET ADDRESS **20110 BOCA WEST DR. APT 228**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **7847 LAKESIDE BLVD 1086**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **SAME**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NICOLAS STOURAITIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 04/03

Date

5612122012

Daytime Phone #

CR2E034 (10/02)