

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91206 035 ***150.00

DOCUMENT # P97000021697

1. Entity Name
INLAND MORTGAGE ASSOCIATES, INC.



Principal Place of Business
**1560 MATTHEW DRIVE
SUITE G
FT MYERS FL 33907**

Mailing Address
**1560 MATTHEW DRIVE
SUITE G
FT MYERS FL 33907**



2. Principal Place of Business

3. Mailing Address

5244 Clayton Court
Suite, Apt. #, etc.

5244 Clayton Court
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Fort Myers

City & State
Fort Myers Florida

4. FEI Number **65-0743041**

Applied For
Not Applicable

Zip
33907

Country
USA

Zip
33907

Country
USA

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

SWEENEY, ROBERT M
1560 MATTHEW DRIVE
SUITE G
FT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)
5244 Clayton Court

City **Fort Myers**

FL

Zip Code
33907

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 **Robert M. Sweeney**

(NOTE: Registered Agent signature required when reinstating)

4-18-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **SWEENEY, ROBERT M**
STREET ADDRESS **1560 MATTHEW DR. SUITE G**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **D** ☒ Change ☐ Addition
NAME **ROBERT M SWEENEY**
STREET ADDRESS **5244 CLAYTON COURT**
CITY-ST-ZIP **FORT MYERS FLORIDA 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

ROBERT M SWEENEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

239-939-3006

Daytime Phone #

CR2E034 (10/02)