

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90073 014 ***150.00

819937

DO NOT WRITE IN THIS SPACE

DOCUMENT # 201, CoR Profit A/R P970000474

1. Entity Name EXPRESS Mortgage Services of Orlando Inc.

Principal Place of Business
11843 E Colonial Drive
Orlando FL 32826

Mailing Address
11843 E. Colonial Drive
Orlando FL 32826

2. Principal Place of Business
11843 E Colonial Drive

3. Mailing Address
11843 E Colonial Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59-3449586

Applied For
Not Applicable

Zip
32826

Country

Zip
32826

Country

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

Dennis Hunchuck
425 Bluejay Way
Orlando FL 32826

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

Dennis Hunchuck

3/29/2000

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 State

10. 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	Dennis Hunchuck	<input type="checkbox"/> Delete
NAME	425 Bluejay Way	190-48-5839
STREET ADDRESS	Orlando FL 32828	President
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Melvin LaLich	294-82-9445
STREET ADDRESS	19432 Winslow Rd	
CITY-ST-ZIP	Shaker Heights Ohio	44122
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Pam Hunchuck	188-46-1747
STREET ADDRESS	425 Bluejay Way	
CITY-ST-ZIP	Orlando FL 32826	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Kimberly Novak	216-82-2984
STREET ADDRESS	5415 Oakridge Blvd	
CITY-ST-ZIP	Willoughby Ohio	44092
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Pam Hunchuck, Secretary 3/1/2000 407-382-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)