

2000 UNIFORM BUSINESS REPORT (UBR) *Amanda*

DOCUMENT # **P97000047487**

1. Entity Name

Express Mortgage Services of Orlando Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -7 PM 12:39

Principal Place of Business

Mailing Address

*11843 East Colonial Drive
Orlando FL 32826*

(Same)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3449586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Dennis Hunchuck
425 Bluejay Way
Orlando FL 32828*

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 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 ☐ Delete

*President
Dennis Hunchuck
425 Bluejay Way
Orlando FL 32828*

TITLE ☒ Delete

*~~President~~ Vice President
Melvin Lelich
19432 Winslow Rd
Shaker Heights Ohio 44122*

TITLE ☒ Delete

*Sec. Treas
Kimberly Novak
5414 Oak Ridge Blvd
Willoughby Ohio 44097*

TITLE ☐ Delete

*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP*

TITLE ☐ Delete

*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP*

TITLE ☐ Delete

*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP*

TITLE ☐ Change ☐ Addition

*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP*

TITLE ☐ Change ☐ Addition

*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP*

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP*

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CITY-ST-ZIP*

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP*

TITLE ☐ Change ☐ Addition

*TITLE
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Hunchuck

Date

11/2/2000

Daytime Phone #

(407) 382-3400

CR2E034 (9/99)