

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078678

1. Entity Name

MELBOURNE MORTGAGE COMPANY

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90202 015 ***150.00

Principal Place of Business

Mailing Address

625 E NEW HAVEN
MELBOURNE FL 32902-2542

P O BOX 2542
MELBOURNE FL 32902-2542

2. Principal Place of Business

3150 N. Wickham Rd
Suite, Apt. #, etc. #4

3. Mailing Address

3150 N. Wickham Rd
Suite, Apt. #, etc. #4



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3469871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUIDONE, ANTHONY
625 E NEW HAVEN
MELBOURNE FL 32902-2542

7. Name and Address of New Registered Agent

Name: Jenyse Bohlen
Street Address (P.O. Box Number is Not Acceptable)

4290 Parkway Dr.

City: Melbourne, FL

FL

Zip Code: 32934

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

TITLE: VPTD
NAME: GUIDONE, ANTHONY
STREET ADDRESS: 821 VANCE CIRCLE NE
CITY-ST-ZIP: PALM BAY FL 32905 ☐ Delete

TITLE: P
NAME: BOHLEN, JENYSE
STREET ADDRESS: 560 COLLINGS STREET SE
CITY-ST-ZIP: PALM BAY FL 32909 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☒ Change ☐ Addition
NAME: Jenyse White
STREET ADDRESS: 4290 Parkway Dr.
CITY-ST-ZIP: Melbourne, FL 32934

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

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

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: Jenyse Bohlen White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/20/00
Daytime Phone #

CR2E034 (9/99)