FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90567 013 ***150.00

DOCUMENT # P97000093860

1. Entity Name: Mortgage Access, Inc.

759138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2216 North Dixie Hwy.	2216 North Dixie Hwy.
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Lake Worth, Fl.	City & State: Lake Worth, Fl.
Zip: 33460 Country: USA	Zip: 33460 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0791234. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent — New Agent

Name: Joseph McGovern

Street Address (P.O. Box Number is Not Acceptable): 2216 North Dixie Hwy

City: Lake Worth FL Zip Code: 33460

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: Joseph McGovern Joseph McGovern 2-27-02
(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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Joseph G. McGovern
STREET ADDRESS	2391 Water Dance Way
CITY-ST-ZIP	Lake Worth, Fl. 33467

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph McGovern Joseph McGovern President 2-27-02 561-547-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Position (Title) if applicable