

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90237 037 ***150.00

DOCUMENT # P97000105040

1. Entity Name

STATEWIDE MORTGAGE OUTLET, INC.

Principal Place of Business

2500 N. UNIVERSITY DR
#15
SUNRISE FL 33322
US

Mailing Address

2500 N. UNIVERSITY DR
#15
SUNRISE FL 33322
US

2. Principal Place of Business

8921 W. ATLANTIC BLVD

3. Mailing Address

8921 W. ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

Country

33071

Broward

Zip

Country

33071

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOTT, ROBERT S

9920 NW 11 ST

PLANTATION FL 33322

Name

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

8921 W. ATLANTIC BLVD

Suite m

City

Coral Springs

FL

Zip Code

33071

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
STOTT, ROBERT S
9920 NW 11 ST
PLANTATION FL 33322

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTDV

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. STOTT

Date

Daytime Phone #

4/16/01

954-346-9400

CR2E034 (10/00)