## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P98000027761** HAGAN MORTGAGE ASSOCIATES, INC. 01-18-2000 90018 033 \*\*\*150.00 Principal Place of Business Mailing Address 747 W LUMSDEN RD. 747 W LUMSDEN RD. BRANDON FL 33511-6261 BRANDON FL 33511 600718 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3500129 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert THAGON, ROBERT-W-Street Address (P.O. Box Number is Not Acceptable) 747 W. LUMSDEN RD. **BRANDON FL 33511** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE NAME HAGAN, ROBERT W NAME STREET ADDRESS 4414 SWIFT CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 □ Change Addition SDV ☐ Delete TITLE NAME HAGAN, LINDA NAME STREET ADDRESS STREET ADDRESS 4414 SWIFT CIRCLE CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.