

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034325

i. Entity Name

CTC MORTGAGE SERVICES, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90115 031 ***158.75

Principal Place of Business

Mailing Address

CHALLENGER ROAD
CAPE CANAVERAL FL 32920

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32931-5102

Principal Place of Business

3. Mailing Address

5505 N. Atlantic Ave.
Suite, Apt. #, etc.
115

5505 N. Atlantic Ave.
Suite, Apt. #, etc.
115

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

4. FEI Number

59-3506779

Applied For

Not Applicable

Zip

32931

Country

USA

Zip

32931

Country

USA

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARVER, SHANE P
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

Name
Shane P. Sarver

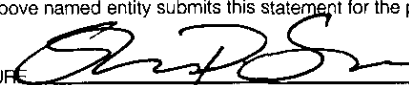
Street Address (P.O. Box Number is Not Acceptable)
5505 N. Atlantic Ave., #115

City
Cocoa Beach

FL

Zip Code
32931

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  SHANE P. SARVER PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARVER, SHANE P 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Sarver, Shane P. 5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:  SHANE P. SARVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00
Date

(321) 799-4090
Daytime Phone #

CR2E034 (9/99)