

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90314 029 \*\*\*150.00

**DOCUMENT # P98000055815**  
**1. Entity Name**  
**STEEL RAINBOW MORTGAGE PROFESSIONALS, INC.**

<b>Principal Place of Business</b> 906 ELMONT ST NW, Suite 4 PALM BAY FL 32907	<b>Mailing Address</b> 906 ELMONT ST NW, Suite 4 PALM BAY FL 32907-7619
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc. <i>Suite 4</i> City & State Zip	<b>3. Mailing Address</b> Suite, Apt. #, etc. <i>Suite 4</i> City & State Zip	<b>4. FEI Number</b> <b>59-3592627</b> Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**LAGANO, ALBERT S ESQ**  
**1803 AIRPORT BLVD.**  
**PO BOX 697**  
**MELBOURNE FL 32902-0897**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VANOVER, P. DEAN</b>
STREET ADDRESS	<b>906 ELMONT ST NW, Suite 4</b>
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>
TITLE	<b>V.P.</b> <input type="checkbox"/> Delete
NAME	<b>Carol J. Vanover</b>
STREET ADDRESS	<b>906 Elmont St NW, Suite 4</b>
CITY-ST-ZIP	<b>Palm Bay, FL 32907</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carol J. Vanover</b>
STREET ADDRESS	<b>906 Elmont St. NW, Suite 4</b>
CITY-ST-ZIP	<b>Palm Bay, FL 32907</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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]* **04-28-00** **321)723-6770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)