

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056146

1. Entity Name  
**MORTGAGE ONE ON-LINE, INC.**

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

09-11-2000 90018 043 \*\*\*550.00

Principal Place of Business  
**533 N NOVA ROAD STE 115**  
**ORMOND BEACH FL 32174**

Mailing Address  
**533 N NOVA ROAD STE 115**  
**ORMOND BEACH FL 32174**

2. Principal Place of Business  
**258 E. Altamonte Drive**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Altamonte Springs, Fl.**

City & State

4. FEI Number **59-3520419**

Applied For  
Not Applicable

Zip  
**32701**

Country  
**Seminole**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**CLARK, JOSEPH P**  
**533 N NOVA ROAD STE 115**  
**ORMOND BEACH FL 32174-4421**

## 7. Name and Address of New Registered Agent

Name  
**Angelina Giuffrida**  
Street Address (P.O. Box Number is Not Acceptable)  
**258 E. Altamonte Dr.**  
City  
**Altamonte Springs, FL** Zip Code  
**32701**

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 ☒ *Angelina Giuffrida* July 10, 2000  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>LACEY, GARY</b>	
STREET ADDRESS <b>847 HADDOCK AVE</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL 32169</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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE <b>President/ Director / Vice</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Angelina Giuffrida</b>	
STREET ADDRESS <b>2534 Tail Spin Trail</b>	
CITY-ST-ZIP <b>Daytona Beach, Fl. 32124-6743</b>	
TITLE <b>Steven J. Salerno</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Sec.</b>	
STREET ADDRESS <b>6434 Renaissance Dr.</b>	
CITY-ST-ZIP <b>Port Orange, Fl. 32124</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:

*Angelina Giuffrida*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2000

Date

407-831-7322

Daytime Phone #

CR2E034 (5/00)