

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073125

1. Entity Name  
MORTGAGE EXPRESS OF AMERICA, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90133 003 \*\*\*158.75

Principal Place of Business  
1805 COUNTY ROAD 951  
STE B  
NAPLES FL 34116

Mailing Address  
1805 COUNTY ROAD 951  
STE B  
NAPLES FL 34116

2. Principal Place of Business  
12355 Collier Boulevard

3. Mailing Address  
12355 Collier Boulevard

Suite, Apt. #, etc.  
Suite B

City & State  
Naples, FL

Zip  
34116

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0858369

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, DAVID F  
80 SW 8 STREET STE 2804  
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

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

City FL 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 \_\_\_\_\_

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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RITCHIE, CHRIS		NAME		
STREET ADDRESS	717 S.W. 39TH TERRACE		STREET ADDRESS	1441 SE 19th Terrace	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, DAVID F		NAME		
STREET ADDRESS	10101 E BAY HARBOR DR 706		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR FL 33154		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUSS, LAWRENCE R		NAME		
STREET ADDRESS	15360 SHAMROCK DRIVE SE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROHDE, JUDITH D		NAME		
STREET ADDRESS	17549 ALLENTOWN DR		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33912		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence R. Huss, Vice President 4/24/01 941/354-1600

CR2E034 (10/00)