

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90012 003 \*\*\*150.00

**DOCUMENT # P98000073528**

1. Entity Name

**DIRECT MORTGAGE, INC.**

*R*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4806 SAN JUAN AVE  
 JACKSONVILLE FL 32210

Mailing Address

4806 SAN JUAN AVE  
 JACKSONVILLE FL 32210-3232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3547087**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, ROBERT E**  
**4806 SAN JUAN AVENUE**  
**JACKSONVILLE FL 32210**

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

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

(NOTE: Registered Agent signature required when resigning)

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RINIKER, ROBERT J	
STREET ADDRESS	9378 ARLINGTON EXPRESSWAY, STE. 316	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	PT	<input type="checkbox"/> Delete
NAME	CLARK, ROBERT E	
STREET ADDRESS	4806 SAN JUAN AVE	
CITY-ST-ZIP	JAX FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARK, BETTY R	
STREET ADDRESS	8618 HAVERHILL ST	
CITY-ST-ZIP	JAX FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Clark*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #