

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000086871**

1. Entity Name

CORNERSTONE MORTGAGE GROUP, INC.**FILED****Mar 16, 2001 8:00 am**
Secretary of State

03-16-2001 90022 039 ***158.75

Principal Place of Business

15310 AMBERLY DR
SUITE 250
TAMPA FL 33647

Mailing Address

10115 KINGSHYRE WAY
TAMPA FL 33647

2. Principal Place of Business

9340 N 56th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 200-B

City & State
Tampa FLZip
33617Country
U.S.

Zip

Country

4. FEI Number **59-3536523**

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**ECKHARDT, AMY
10115 KINGSHYRE WAY
TAMPA FL 33647

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

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **ECKHARDT, AMY**
STREET ADDRESS **10115 KINGSHYRE WAY**
CITY-ST-ZIP **TAMPA FL 33647**TITLE **S/D** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **DENO, LINDA S**
STREET ADDRESS **8615 CATTAIL DR**
CITY-ST-ZIP **TAMPA FL 33637**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☐ Delete
NAME **ECKHARDT, STEVEN M**
STREET ADDRESS **10115 KINGSHYRE WAY**
CITY-ST-ZIP **TAMPA FL 33647**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Eckhardt

1-3-01

Date

813-632-0790

Daytime Phone #

CR2E034 (10/00)