

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087556

1. Entity Name

UNLIMITED MORTGAGE LENDING, INC.

Principal Place of Business

9045 LAFONTANE BLVD.
C8A
BOCA RATON FL 33434

Mailing Address

9045 LAFONTANE BLVD.
C8A
BOCA RATON FL 33434

2. Principal Place of Business

20283 State Road 7
Suite, Apt. #, etc.
SUITE 400

3. Mailing Address

20283 State Rd 7
Suite, Apt. #, etc.
SUITE 400

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33498

Country

USA

Zip

33498

Country

USA

6. Name and Address of Current Registered Agent

PIERCE, CHRISTOPHER J
19901 COURT OF THE MYRTLES
BOCA RATON FL 33434

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

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

Christopher Pierce

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PIERCE, CHRISTOPHER
CITY-ST-ZIP 19252 NATURES VIEW CT
BOCA RATON FL 33498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PIERCE, Christopher
STREET ADDRESS 19901 Court of the Myrtles
CITY-ST-ZIP Boca Raton, FL 33434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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

Christopher Pierce

Date

4/27/01

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90160 007 ***158.75

00091144



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)