

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104131

1. Entity Name

MORTGAGE PROTECTION SERVICES, INC.

Principal Place of Business

1368 SO. MILITARY TR. STE. L
WEST PALM BEACH FL 33415
US

Mailing Address

1368 SO. MILITARY TR. STE. L
WEST PALM BEACH FL 33415-4625
US

2. Principal Place of Business

6022 CLIFTON AVE

Suite, Apt. #, etc.

3. Mailing Address

6022 CLIFTON AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32211

Country

QUVAL

Zip

32211

Country

QUVAL

6. Name and Address of Current Registered Agent

JACKSON, WILLIAM E
1368 SO. MILITARY TR. STE. L
WEST PALM BEACH FL 33415

4. FEI Number

65-0888263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
WILLIAM E. JACKSON

Street Address (P.O. Box Number is Not Acceptable)
6022 CLIFTON AVE

JACKSONVILLE

FL

Zip Code

32211

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

William E. Jackson William E. JACKSON, President 3-6-2000

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 \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, WILLIAM E	
STREET ADDRESS	3285 PEBBLE BEACH DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM E JACKSON	
STREET ADDRESS	6022 CLIFTON AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
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		
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:

William E. Jackson William E. JACKSON, President 3-6-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 725 5941



DO NOT WRITE IN THIS SPACE

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90101 028 ***150.00

CR2E034 (9/99)