

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90938 009 ***158.75

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DOCUMENT # P99000005649

1. Entity Name
MANHATTAN MORTGAGE OF CENTRAL FLORIDA, INC.



Principal Place of Business
**2942 LAKELAND HIGHLANDS ROAD
LAKELAND FL 33803**

Mailing Address
**3056 SUTTON WOODS DRIVE
PLANT CITY FL 33567**



2. Principal Place of Business
306 E MAIN ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

City & State

LAKELAND, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3566073**

Applied For

Not Applicable

Zip
33801

Country
USA

Zip

Country

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

**BLOK-ANDERSEN, KIM
3056 SUTTON WOODS DRIVE
PLANT CITY FL 33567**

Name **BLOK-ANDERSEN, Kim**

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

3056 SUTTON WOODS DRIVE

City **PLANT CITY**

FL

Zip **33566**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Delete
NAME **ANDERSON, KIM**
STREET ADDRESS **3056 SUTTON WOODS DR.**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **P/S/D** ☐ Change ☐ Addition
NAME **BLOK-ANDERSEN, Kim**
STREET ADDRESS **3056 SUTTON WOODS DRIVE**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **VP** ☐ Delete
NAME **MCDONALD, SHAWN**
STREET ADDRESS **2942 LAKELAND HIGHLANDS ROAD**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VP** ☐ Change ☐ Addition
NAME **MCDONALD, SHAWN**
STREET ADDRESS **506 JESSANDRA WAY**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **T/D** ☐ Delete
NAME **BLOK-ANDERSEN, JUDY**
STREET ADDRESS **3056 SUTTON WOODS DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **T/D** ☐ Change ☐ Addition
NAME **BLOK-ANDERSEN, JUDY**
STREET ADDRESS **3056 SUTTON WOODS DRIVE**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE REQUIRED BLOK-ANDERSEN

813-404-6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)