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

## May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000008839 HOME MORTGAGE CONNECTION CORP. 05-04-2001 90027 033 \*\*\*150.00 Principal Place of Business Mailing Address 660 LINTON BLVD 660 LINTON BLVD STE 212A **STE 212A** DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444** 3. Mailing Address 2. Principal Place of Business W. Hills boro Blud, W. Hillsbora Blud 1742 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number field Beachfli 65-0889952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOSSUK, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1201 SOUTHWEST 19TH STREET **BOCA RATON FL 33486** City 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. 4/30/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PVST** ☐ Change ☐ Delete TITLE TITLE BOSSUK, ROBERT NAME NAME 1201 SOUTHWEST 19TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE ☐ Change ☐ Addition Delete TITI E **BOSSUK, ROBERT** NAME NAME STREET ADDRESS 1201 SOUTHWEST 19TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33486** - Change Addition: Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Channe TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pther like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

☐ Delete

Change

☐ Addition