

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016701

1. Entity Name

DOLLAR MORTGAGE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90565 036 ***158.75

Principal Place of Business

Mailing Address

19209 HIGHWAY 41 NORTH
LUTZ FL 33549

19209 HIGHWAY 41 NORTH
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

3314 Henderson Blvd.

P.O. Box 18877

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number

59-3556914

Applied For

Not Applicable

Zip
33609

Country
USA

Zip
33679-8877

Country
USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROD, SHERMAN M ESQ.
19209 HIGHWAY 41 NORTH
LUTZ FL 33549

Name
Sherman M. Brod, Attorney
Street Address (P.O. Box Number is Not Acceptable)
3314 Henderson Blvd.
Suite 100
City
Tampa FL 33609

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

Sherman M. Brod

4/28/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D LARKINS, BARBARA W
STREET ADDRESS
19209 HIGHWAY 41 NORTH
CITY-ST-ZIP
LUTZ FL 33549 ☒ Delete

TITLE
NAME
D, Pres, Secty, Treas.
STREET ADDRESS
Sandra C. Brod
CITY-ST-ZIP
3314 Henderson Blvd. #100 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tampa, FL 33609 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra C. Brod

Date

Daytime Phone #

4/28/2000 (813) 874-7700

CR2E034 (9/99)