

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90056 042 ***150.00

A0003559



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000020479**1. Entity Name**
BRENTWOOD MORTGAGE SERVICES, INC.**Principal Place of Business**
4081 TAMiami TRAIL N
STE C105
NAPLES FL 34103
Mailing Address
PO BOX 770535
NAPLES FL 34107**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State****Zip** **Country****4. FEI Number** 59-3561024**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**ENGLER, KENNETH P
2318 MILL STREAM COURT
NAPLES FL 34109**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** _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LYONS, SUSAN K	765 BRENTWOOD POINT	NAPLES FL 34109	<input type="checkbox"/>
VD	CROUCH, STEPHEN B	8805 TAMiami TRAIL N PMB 222	NAPLES FL 34108	<input type="checkbox"/>
STD	ENGLER, KENNETH P	2318 MILL STREAM CT	NAPLES FL 34109	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
			34110	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** Susan Lyons **SUSAN LYONS** **1-4-01** **(941) 659-1660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)