

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90028 043 \*\*\*150.00

**DOCUMENT #** P99000030817

1. Entity Name  
MORTGAGE APPROVAL GROUP, INC

Principal Place of Business  
5700 MEMORIAL HWY SUITE 209

TAMPA, FL  
33615

2. Principal Place of Business  
5700 MEMORIAL DRIVE

3. Mailing Address  
5700 MEMORIAL DRIVE

Suite, Apt. #, etc.  
SUITE 209

City & State  
TAMPA, FL

Country  
USA

Zip  
33615

4. FEI Number  
59-3568076

Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

656863

6. Name and Address of Current Registered Agent

TODD PATON  
4105 STARFISH LANE  
TAMPA, FL 33615

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**  
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. May Be Added to Fees \$5.00

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DIRECTOR	Delete	TITLE	Change	Addition
NAME	TODD PATON		NAME		
STREET ADDRESS	4105 STARFISH LANE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33615		CITY - ST - ZIP		
TITLE	DIRECTOR	Delete	TITLE	Change	Addition
NAME	H. PETER SKOURAS		NAME		
STREET ADDRESS	4105 STARFISH LANE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33615		CITY - ST - ZIP		
TITLE		Delete	TITLE	Change	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		Delete	TITLE	Change	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		Delete	TITLE	Change	Addition
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 other like empowered.

**SIGNATURE:** *Todd Paton* *4/28/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (9/99)