2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000045956** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** VANTAGE MORTGAGE SERVICE CENTER, INC. 01-19-2000 90159 049 ***150.00 Principal Place of Business Mailing Address 1211 ORANGE AVE. 1211 ORANGE AVE. WINTER PARK FL 32789-4942 WINTER PARK FL 32789 BUUUHUUW 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IGLER & DOUGHERTY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1501 PARK AVE. EAST TALLAHASSEE FL 32301 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. DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 n ☐ Change ☐ Addition TITI F TITLE ☐ Delete SUSKIEWICH, JAMES V NAME NAME STREET ADDRESS 1211 ORANGE AVE. STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE MARSON, RICK T NAME 507 NW 60TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32607 CITY-ST-ZIP Change ☐ Addition Delete TITLE marson, Marilyn NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP painesville fr 32607 ☐ Change Addition TITLE ☐ Delete TITLE Aubrey Wright NAME NAME 1211 Orange Ave. STREET ADDRESS STREET ADDRESS Winter Park, fr 32789 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITE TITLE andra Springmeyer NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ainesville, FC 32607 ☐ Addition ☐ Change ☐ Delete TITLE TITLE Louis Laubschar NAME NAME STREET ADDRESS STREET ADDRESS 1211 orange Ave CITY-ST-ZIP CITY-ST-7IP linterfork, FL 32789

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:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

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