

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046265

1. Entity Name

U.S. MORTGAGE GROUP, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90092 008 ***150.00

Principal Place of Business

Mailing Address

1282 N.E. BUSINESS PARK PLACE
JENSEN BEACH FL 34957

1282 N.E. BUSINESS PARK PLACE
JENSEN BEACH FL 34957-5319

2. Principal Place of Business

1304 NE BUSINESS PARK PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

City & State

4. FEI Number

59-3583546

Applied For

Not Applicable

Zip
34957

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEYES, NANCY

1282 N.E. BUSINESS PARK PLACE
JENSEN BEACH FL 34957

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER K. GAUNTT
STREET ADDRESS	1282 NE BUSINESS PARK PLACE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY KEYES
STREET ADDRESS	1282 NE BUSINESS PARK PLACE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER K. GAUNTT

2/17/00

561-225-2855

Date

Daytime Phone #

CR2E034 (9/99)