

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2000 8:00 am**
Secretary of State

04-03-2000 90180 003 ***150.00

DOCUMENT # P99000046631

1. Entity Name

BUYERS CHOICE MORTGAGE CORPORATION

Principal Place of Business

**420 WEST BOYNTON BEACH BOULEVARD
BOYNTON BEACH FL 33426**

Mailing Address

**420 WEST BOYNTON BEACH BOULEVARD
BOYNTON BEACH FL 33435-4027**

2. Principal Place of Business

240 SE 23 AVENUE

3. Mailing Address

PO BOX 4271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip

33435

Country

USA

Zip

33424

Country

**USA
PALM BCH**

4. FEI Number

☒ Applied For
☐ Not Applicable5. 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

**MATHEWAS, GEORGE W ESQ.
1325 SO. CONGRESS AVENUE
BOYNTON BEACH FL 33426**

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 **PTD** ☐ Delete
NAME **WALL, RICHARD T**
STREET ADDRESS **420 WEST BOYNTON BEACH BOULEVARD**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**TITLE **PTD** ☒ Change ☐ Addition
NAME **WALL, RICHARD T.**
STREET ADDRESS **500 CHAPEL HILL BLVD.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

Date

561) 736-8290

Daytime Phone #

CR2E034 19/99