

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050680

1. Entity Name

THE MORTGAGE DOCTOR, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90059 028 ***158.75

Principal Place of Business

Mailing Address

2300 WEST SAMPLE ROAD
SUITE 102
POMPANO BEACH FL 33073

2300 WEST SAMPLE ROAD
SUITE 102
POMPANO BEACH FL 33073-3046

2. Principal Place of Business

2700 W. ATLANTIC AVE

3. Mailing Address

2700 W. ATLANTIC AVE

Suite, Apt. #, etc.

200-6

Suite, Apt. #, etc.

200-6

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip
33069

Country
BROWARD

Zip
33069

Country
BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0924747

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECHTEL, SHAYNA M
SUITE 200
2655 SOUTH BAYSHORE DR.
MIAMI FL

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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BECHTEL PRES
BECHTEL, BRUCE
9647 CALLIANDRA DRIVE
BOYNTON BEACH FL 33436

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BECHTEL V. PRES
BECHTEL, LAURENCE J
1829 BANYAN CREEK NORTH CIRCLE N.
BOYNTON BEACH FL 33436

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SPEWMG
BECHTEL
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SPEWMG
BECHTEL
☒ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

3/22/00

Date

800 335 5899

Daytime Phone #

CR2E034 (9/99)