

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

ICS Mortgage Corporation

Principal Place of Business

Mailing Address

2. Principal Place of Business

3501 NE 10th Street

3. Mailing Address

P.O. Box 458

Suite, Apt. #, etc.
#114

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Orange Park, FL

Zip

34470

Country

Marion

Zip

32067

Country

Clay

4. FEI Number

59-3582547

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Beverly A. King

Street Address (P.O.-Box Number is Not Acceptable)

3501 NE 10th Street Suite 114

City Ocala

FL

Zip Code
34470

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Beverly A. King
CITY-ST-ZIP 3501 NE 10th Street Suite 114
Ocala, FL 34470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Beverly A. King
CITY-ST-ZIP 3501 NE 10th Street Suite 114
Ocala, FL 34470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS William H. King
CITY-ST-ZIP 3501 NE 10th Street Suite 114
Ocala, FL 34470

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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: Beverly A. King BEVERLY A. King 4/27/00 (352) 401-79104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)