

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90071 050 \*\*\*150.00

**DOCUMENT # P99000077839**



1. Entity Name  
"APPLY HERE" MORTGAGES AND MORE, INC.

Principal Place of Business  
901 N DIXIE HWY., SUITE 2  
LAKE WORTH FL 33460

Mailing Address  
901 N DIXIE HWY., SUITE 2  
LAKE WORTH FL 33460

90004251



2. Principal Place of Business  
155 Yacht Club Dr. #407  
Suite, Apt. #, etc.

3. Mailing Address  
155 Yacht Club Drive  
Suite, Apt. #, etc.  
407

☒ CHECK HERE IF MAKING CHANGES

City & State  
North Palm Beach  
Zip  
33408  
Country  
Palm Beach

City & State  
N. Palm Beach  
Zip  
33408  
Country  
Palm Beach

4. FEI Number 65-0951113

Applied For  
Not Applicable

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

RAVANTTI-LALLA, CAROL  
1628 NORTH L STREET  
LAKE WORTH FL 33460

Name  
Same  
Street Address (P.O. Box Number is Not Acceptable)  
155 Yacht Club Drive #408  
City N. Palm Beach FL Zip Code 33408

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol Ravanti-Lalla*

1/13/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete  
NAME RAVANTTI-LALLA, CAROL  
STREET ADDRESS 1628 NORTH L STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

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

TITLE D ☐ Delete  
NAME RAVANTTI-LALLA, CAROL  
STREET ADDRESS 1628 NORTH L STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carol Ravanti-Lalla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Daytime Phone #

CR2E034 (10/02)