

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082760

1. Entity Name

SIMPLY MORTGAGES, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90079 036 ***550.00

Principal Place of Business

1239 60TH AVE. W.
BRADENTON FL 34207

Mailing Address

1239 60TH AVE. W.
BRADENTON FL 34207

DEPARTMENT -



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8051 N. TAMiami TRAIL

3. Mailing Address

8051 N. TAMiami TRAIL

Suite, Apt. #, etc.

44

Suite, Apt. #, etc.

44

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0948235

Applied For

Not Applicable

Zip

34243

Country

LISA

Zip

34243

Country

LISA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, JOHN D
1239 60TH AVE. W.
BRADENTON FL 34207

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

JOHN D. O'NEILL PRES. 7/10/00
(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME O'NEILL, JOHN D
STREET ADDRESS 1239 60TH AVE. W.
CITY-ST-ZIP BRADENTON FL 34207 ☐ Delete

TITLE VP
NAME HAGGBlom, HANS D.
STREET ADDRESS 8051 N. TAMiami TRAIL
CITY-ST-ZIP SARASOTA, FL, 34243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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:

JOHN D. O'NEILL PRES. 7/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-358-9845
Daytime Phone #

CR21: 034.11/001