

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90386 030 ***150.00

DOCUMENT # P99000083065

1. Entity Name
MORTGAGE PROCESSING AUTHORITY INC.



Principal Place of Business
**9920 NW 11TH STREET
PLANTATION, FL 33322**

Mailing Address
**9920 NW 11TH STREET
PLANTATION, FL 33322**

24034721

2. Principal Place of Business

1461 N.W. 114 Ave
Suite, Apt. #, etc.

3. Mailing Address

1461 N.W. 114 Ave
Suite, Apt. #, etc.

01062004

Chg-P

CR2E034 (10/03)

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0949532

Applied For

Not Applicable

Zip

33323

Country

Broward

Zip

33323

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STOTT, ROBERT S
9920 NW 11TH STREET
PLANTATION, FL 33322**

Name

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

1461 N.W. 114 Ave

Plantation, FL 33323

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME STOTT, ROBERT S
STREET ADDRESS **9920 NW 11TH STREET 1461 N.W. 114 Ave**
CITY-ST-ZIP **PLANTATION, FL 33322 33323**

TITLE D ☐ Delete
NAME STOTT, ROBERT S
STREET ADDRESS **9920 NW 11TH STREET 1461 N.W. 114 Ave**
CITY-ST-ZIP **PLANTATION, FL 33322 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #