

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90450 024 ***150.00

DOCUMENT # P99000091118

1. Entity Name
NORTHEAST MORTGAGE CORP.

Principal Place of Business **Mailing Address**
~~551 SOUTH COLLIER BLVD~~ **PO BOX 807**
~~MARCO ISLAND FL 34146~~ **MARCO ISLAND FL 34146**

2. Principal Place of Business **3. Mailing Address**
567 ELKCAM CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.
MARCO ISLAND
City & State City & State
FL

Zip **Country** **Zip** **Country**
34145 **COLLIER**

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R ESQ
C/O WOODWARD, PIREs LOMBARDI, P.A.
606 BALD EAGLE DRIVE STE 500
MARCO ISLAND FL 34145

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 _____ (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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	KEUFMANN, THOMAS	382 CENTURY DR	MARCO ISLAND FL 34145	<input type="checkbox"/>
P	KEUFMANN, LINDA	382 CENTURY DR	MARCO ISLAND FL 34145	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Thomas Keufmann **SR** 1/3/01 841-393-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)