

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000092098**

1. Entity Name

**DIRECT MORTGAGE SERVICES, INC.****FILED****Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90008 046 \*\*\*158.75

Principal Place of Business

Mailing Address

**1499 W PALMETTO PARK ROAD STE 412**  
**BOCA RATON FL 33486****1499 W PALMETTO PARK ROAD STE 412**  
**BOCA RATON FL 33486-3324**

2. Principal Place of Business

**9715 W. Broward Blvd. Suite 119**

3. Mailing Address

**9715 W. Broward Blvd. Suite 119**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 119****Suite 119**

City &amp; State

**Plantation, Florida**

City &amp; State

**Plantation, Florida**

4. FEI Number

**65-0986773**

Applied For

Not Applicable

Zip

**33324**

Country

**Broward**

Zip

**33324**

Country

**Broward**5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, JERALD A**  
**1499 W PALMETTO PARK ROAD STE 412**  
**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name  
**Georgianne Carver**Street Address (P.O. Box Number is Not Acceptable)  
**9291 SW 1st. Street**City  
**Plantation, Florida****FL**Zip Code  
**33324**

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 *Georgianne Carver*  
Signature, typed or printed name of registered agent and title if applicable.**Georgianne Carver****March 6, 2000**

(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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**GOLDSTEIN, JERALD A** ☒ Delete  
**1499 W PALMETTO PARK ROAD STE 412**  
**BOCA RATON FL 33486**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV** ☒ Delete  
**CARVER, GEORGIE A**  
**9291 S.W. 1ST STREET**  
**PLANTATION FL 33324**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D** ☒ Change ☐ Addition  
**Georgianne Carver**  
**9291 SW 1st. Street**  
**Plantation, Florida 33324**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**S/T/D**  
**John D. Inman**  
**9291 SW 1st. Street**  
**Plantation, Florida 33324**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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 *Georgianne Carver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**March 6, 2000**

Date

**(954) 472-4903**

Daytime Phone #