

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90126 048 \*\*\*150.00

**DOCUMENT # P99000101963**

1. Entity Name

**MORTGAGES AMERICA, INC.**

Principal Place of Business

**13920 N. DALE MABRY HWY.,  
 BLDG. 3, STE. A  
 TAMPA FL 33618**

Mailing Address

**13920 N. DALE MABRY HWY.,  
 BLDG. 3, STE. A  
 TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3613909**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

~~WOLFE, RANDOLPH J~~  
~~201 N. FRANKLIN ST., STE. 2200~~  
~~TAMPA FL 33602~~

**JOHN J. AGLIANO**  
**WILLIAMS-SCHIFFINO**  
**201 N. FRANKLIN ST.**  
**SUITE 2600**  
**TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **JOHN J. AGLIANO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**WILLIAMS-SCHIFFINO-MANGIONE**  
**201 N. FRANKLIN ST. SUITE 2600**  
 City **TAMPA** FL Zip Code **33602**

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 J. AGLIANO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOWNING, MARILYN F</b> <b>13920 N. DALE MABRY HWY., BLDG. 3, STE. A</b> <b>TAMPA FL 33618</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOWNING, JAMES F</b> <b>13920 N. DALE MABRY HWY., BLDG. 3, STE. A</b> <b>TAMPA FL 33618</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYDEN, GARY L</b> <b>13920 N. DALE MABRY HWY., BLDG. 3, STE. A</b> <b>TAMPA FL 33618</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, CARY</b> <b>13920 N. DALE MABRY HWY., BLDG. 3, STE. A</b> <b>TAMPA FL 33618</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

**Marilyn Downing, President** **4/25/02** **(813) 269-7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)