FILED
Jun 16, 2002 8:00 am
Secretary of State
05-15-2002 90065 031 ***150.00

[redacted]

35627

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108043

1. Entity Name
Mortgage Relief Inc.

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2. Principal Place of Business	3. Mailing Address
1478 LAKE SIDE CT	P.O. BOX 126
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUNEDIN FL	City & State: DUNEDIN FL
Zip: 34698 Country: USA	Zip: 34697 Country: USA

4. FEI Number: 59-3612833 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: FINANCIAL FOUNDATIONS INC
Street Address (P.O. Box Number Is Not Acceptable): 3150 SANDY RIDGE DRIVE
City: CLEARWATER FL Zip Code: 33761

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 Francis Martin JOHN F. MARTIN 06/02/02
Signature, typed or printed name of registered agent and title if applicable (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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	CHRISTOPHER KINDER	NAME	
STREET ADDRESS	1478 LAKE SIDE CT	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	JOHN F MARTIN	NAME	
STREET ADDRESS	3150 SANDY RIDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Kinder / Christopher Kinder 04/30/02 727-458-7322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #