

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111541

1. Entity Name
MORTGAGEFLEX SERVICES, INC.

FILED

2001 MAY -3 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
10151 Deerwood Park Blvd 10151 Deerwood Park Blvd
Bldg 400, Ste 350 Bldg 400, Ste 350
Jacksonville, FL 32256-0592 Jacksonville, FL 32256-0592

2. Principal Place of Business 3. Mailing Address
10151 Deerwood Park Blvd 10151 Deerwood Park Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.
Bldg 400, Ste 350 Bldg 400, Ste 350
City & State City & State
Jacksonville, FL 32256-0592 Jacksonville, FL 32256-0592
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Draughon, Richard S
One Independent Drive
Ste. 2000
Jacksonville, FL 32202
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
FILE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	Dominick, E L	10151 Deerwood Park Blvd	Bldg 400, Ste 350 Jacksonville, FL 32256-0592	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: William Dahlenburg CFO 04/27/01 (904) 356-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)