

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S02188**

1. Entity Name

THE MORTGAGE CENTER OF VOLUSIA COUNTY, INC.**FILED**
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90144 040 ***150.00

L0040101



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| Principal Place of Business 140 S. ATLANTIC AVE. ORMOND BEACH FL 32176 | | Mailing Address 140 S. ATLANTIC AVE. ORMOND BEACH FL 32176-6689 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |

| | |
|---|--|
| 4. FEI Number 59-3029025 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent CAGLE, CHRISTY 140 S. ATLANTIC AVE. ORMOND BEACH FL 32176 | | 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 _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|--|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/> | 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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/> |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---|---------------------------------|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TRAUDT, KEITH 313 RIO PINAR DR ORMOND BCH FL 32174 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST CAGLE, CHRISTY L 116 RIVER BCH DR ORMOND BCH FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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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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: Christy Cagle 3/15/00 (904) 673-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #