

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 24, 2000 08:00 AM**
Secretary of State**DOCUMENT # V63999****1. Entity Name**
MORTGAGE LENDERS SERVICE CORPORATION

Principal Place of Business	Mailing Address
19321 US HWY 19 N STE 100 CLEARWATER FL 34624 US	19321 US HWY 19 N STE 100 CLEARWATER FL 34624 US

2. Principal Place of Business 2559 NURSERY RD	3. Mailing Address 2559
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Suite, Apt. #, etc. STE A	Suite, Apt. #, etc. STE A
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City & State CLEARWATER FL	City & State CLEARWATER FL
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Zip 33764	Country US	Zip 33764	Country US
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4. FEI Number 59-3151330	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOORE THOMAS B JR
2272 RIVERSIDE DRIVE NORTH

CLEARWATER FL
34624 US

7. Name and Address of New Registered Agent

Name
MOORE THOMAS B JR PRES

Street Address (P.O. Box Number is Not Acceptable)
2272 RIVERSIDE DRIVE NORTH

City
CLEARWATER FL

Zip Code
33764

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 THOMAS B. MOORE, JR.**

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

(NOTE: Registered Agent signature required when reinstating)

08/24/2000

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 D	<input type="checkbox"/> Delete
NAME BUCKNER WILLIAM L	
STREET ADDRESS 1706 TALL PINE DR	
CITY-ST-ZIP OLDSMAR FL	

TITLE SD	<input type="checkbox"/> Delete
NAME MOORE JANICE C	
STREET ADDRESS 2272 RIVERSIDE DR N	
CITY-ST-ZIP CLEARWATER FL	

TITLE V	<input checked="" type="checkbox"/> Delete
NAME AUGUSTINE RONALD M	
STREET ADDRESS 1958 BARCELONA DR	
CITY-ST-ZIP DUNEDIN FL	

TITLE PDC	<input type="checkbox"/> Delete
NAME MOORE THOMAS B JR	
STREET ADDRESS 2272 RIVERSIDE DR N	
CITY-ST-ZIP CLEARWATER FL	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 THOMAS B. MOORE, JR.**PDC 08/24/2000**