FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name V63999
MORTGAGE LENDERS SERVICE CORPORATION
2559 Nursery Rd. STE A
ClearWater, Fl. 33764

DO NOT WRITE IN THIS SPACE

FILED
02 AUG 14 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA
900007143879--1
-08/15/02--01057--013
****300.00 ****300.00

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2. Principal Place of Business	3. Mailing Address
2559 Nursery Rd	2559 Nursery Rd
Suite, Apt. #, etc.: STE A	Suite, Apt. #, etc.: STE A
City & State: Clearwater, Fl.	City & State: Clearwater, Fl.
Zip: 33764 Country: Pinellas	Zip: 33764 Country: Pinellas

4. FEI Number 59-3151330 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Thomas B. Moore

Street Address (P.O. Box Number is Not Acceptable): 2559 Nursery Rd. STE A

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 _____ 6/27/02
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. X ☐ (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	PDC
NAME	Thomas B. Moore Jr.
STREET ADDRESS	2272 Riverside Dr N
CITY-ST-ZIP	Clearwater, Fl. 33764
TITLE	SD
NAME	Janice C Moore
STREET ADDRESS	2272 Riverside Dr. N.
CITY-ST-ZIP	Clearwater, Fl. 33764
TITLE	D
NAME	William L Buckner
STREET ADDRESS	1706 Tall Pine Dr
CITY-ST-ZIP	Oldsmar, Fl.
TITLE	
NAME	
STREET ADDRESS	
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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: _____ 6/27/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

gs 8/14/02