

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060588

1. Entity Name

EQUILAND MORTGAGE COMPANY

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90077 007 ***150.00

Principal Place of Business

Mailing Address

~~4020 80TH AVE N SUITE 3~~
~~PINELLAS PARK FL 33781~~

~~4020 80TH AVE N SUITE 3~~
~~PINELLAS PARK FL 33710-0050~~

2. Principal Place of Business

5521 CENTRAL AVE

3. Mailing Address

5521 CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33710

Country

USA

Zip

33710

Country

USA

4. FEI Number

59-3524000

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

RODRIGUEZ, LUIS A

~~4020 80TH AVE N SUITE 3~~

~~PINELLAS PARK FL 33781~~

Name

Street Address (P.O. Box Number is Not Acceptable)

5521 CENTRAL AVE

City ST PETERSBURG

FL

Zip Code 33710

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

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) ☒

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #11

TITLE P
NAME RODRIGUEZ, LUIS A
STREET ADDRESS 6273 BAHIA DEL MAR BLVD., CONDO 116
CITY-ST-ZIP ST PETERSBURG FL 33715 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPC
NAME RODRIGUEZ, GLADYS H
STREET ADDRESS 6273 BAHIA DEL MAR BLVD., CONDO 116
CITY-ST-ZIP ST PETERSBURG FL 33715 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Luis A Rodriguez
LOUIS A RODRIGUEZ

4/27/2000 302-0715
727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC34 (1-1)