

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J32125

1. Entity Name

HALLMARK MORTGAGE SERVICES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90052 037 ***150.00

Principal Place of Business

Mailing Address

14310 N DALE MABRY
STE-280
TAMPA FL 33618
US

P.O. BOX 272065
P.O. BOX 272065
TAMPA FL 33688-2065
US

2. Principal Place of Business

917 N. 12TH AVE.

3. Mailing Address

917 N. 12TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32501

Country

US

Zip

32501

Country

US

4. FEI Number

59-2714660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, KAY S.
4470 LA JOLLA
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

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

5740 NORTHROP ROAD

City

MILTON

FL

Zip Code

32570

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

KAY S. HALL, President *Kay S. Hall*

2-21-00

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HALL, KAY S.	
STREET ADDRESS	4470 LA JOLLA	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMP, TRACY L	
STREET ADDRESS	1003 S ALEXANDER ST STE 2	
CITY-ST-ZIP	PALMT CITY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOODARD, SHERRI	
STREET ADDRESS	5098-98TH WAY NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENKINS, RICK A	
STREET ADDRESS	14310 N DALE MABRY #280	
CITY-ST-ZIP	TAMPA FL 33618	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5740 NORTHROP ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5200 SEMINOLE BL. SUITE K	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
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:

Kay S. Hall, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

8504331865

Daytime Phone #

CR2E034 (9/99)