

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 258024

1. Entity Name

SERVICE MORTGAGE AND INSURANCE AGENCY, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90430 025 \*\*\*150.00

Principal Place of Business

Mailing Address

51 WEST BAY STREET  
 JACKSONVILLE FL 32202  
 US

P.O. BOX 11007  
 LAW DEPT.  
 BIRMINGHAM AL 35288-0001  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1056724

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAKER, STEWART J  
 51 WEST BAY STREET  
 JACKSONVILLE FL 32202

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

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 PD ☐ Delete  
 NAME KENDALL, VALERIE L  
 STREET ADDRESS 100 NORTH TAMPA STREET, SUITE 3400  
 CITY-ST-ZIP TAMPA FL 33602

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

TITLE VPD ☐ Delete  
 NAME BAKER, STEWART J  
 STREET ADDRESS 51 WEST BAY STREET  
 CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE T ☐ Delete  
 NAME KERN, LYNDIA  
 STREET ADDRESS 1901 6TH AVE. N.  
 CITY-ST-ZIP BIRMINGHAM AL 35203

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

TITLE D ☐ Delete  
 NAME FOX, SARA H  
 STREET ADDRESS 1901 6TH AVENUE NORTH  
 CITY-ST-ZIP BIRMINGHAM AL 35203

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

TITLE S ☐ Delete  
 NAME GORDAY, CARL L  
 STREET ADDRESS 1901 6TH AVE. N.  
 CITY-ST-ZIP BIRMINGHAM AL 35203

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
 NAME LANAHAN, MARTHA T.  
 STREET ADDRESS 51 WEST BAY STREET  
 CITY-ST-ZIP JACKSONVILLE, FL 32202

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:

*Michelle A. Bridges*

MICHELLE A. BRIDGES

205-326-4942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)