

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90041 005 ***150.00

DOCUMENT # J32125

1. Entity Name
HALLMARK MORTGAGE SERVICES, INC.



Principal Place of Business
**101 W MAIN STREET
STE 121
LAKELAND FL 33815
US**

Mailing Address
**101 W MAIN STREET
STE 121
LAKELAND FL 33815
US**

22004336



2. Principal Place of Business

13902 N. DALE MABRY
Suite, Apt. #, etc.
SUITE 212

3. Mailing Address

13902 N. DALE MABRY
Suite, Apt. #, etc.
SUITE 212

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number **59-2714660**

Applied For
Not Applicable

Zip Country
33618 US

Zip Country
33618 US

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

HALL, KAY S.
4434 SUGARTREE DRIVE W 5646 GLENCREST BLVD
LAKELAND FL 33813 Tampa, FL 33625

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kay Hall KAY S. HALL

2-4-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **HALL, KAY S.**
STREET ADDRESS **4434 SUGARTREE DR W 5646 GLENCREST BLVD**
CITY-ST-ZIP **LAKELAND FL 33813 Tampa, FL 33625**

TITLE **VP** ☐ Change ☒ Addition
NAME **LILLIAN J. CHARACTER**
STREET ADDRESS **101 WEST MAIN STREET #121**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **VP** ☐ Delete
NAME **CAMP, TRACY L**
STREET ADDRESS **1003 S ALEXANDER ST STE 2**
CITY-ST-ZIP **PALMT CITY FL**

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

TITLE **VP** ☐ Delete
NAME **JENKINS, RICK A**
STREET ADDRESS **14310 N DALE MABRY #280 13902 N. DALE MABRY**
CITY-ST-ZIP **TAMPA FL 33618 #212 Tampa FL 33618**

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

TITLE **VP** ☒ Delete
NAME **MARK, KONSavage**
STREET ADDRESS **101 N MAIN STREET 121**
CITY-ST-ZIP **LAKELAND FL 33815**

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

TITLE **VP** ☒ Delete
NAME **MELINDA, OBRYANT**
STREET ADDRESS **310 GOVERNMENT ST A-3**
CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **VP** ☐ Delete
NAME **BIRGIT, BUCHMANAN**
STREET ADDRESS **310 GOVERNMENT ST A-3 415 S. FLORIDA BLANCA**
CITY-ST-ZIP **PENSACOLA FL 32501**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kay Hall REQUARDS, HALL

2-4-03

8139630116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)