

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 258024

1. Entity Name

SERVICE MORTGAGE AND INSURANCE AGENCY, INC.

FILED

May 05, 2001 8:00 am  
Secretary of State

05-05-2001 90352 001 \*\*\*450.00

Principal Place of Business

51 WEST BAY STREET  
JACKSONVILLE FL 32202  
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1056724

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

BAKER, STEWART J  
51 WEST BAY STREET  
JACKSONVILLE FL 32202

Name

LANAHAN, MARTHA T.

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

51 WEST BAY STREET

City

JACKSONVILLE

FL 32202

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

*Martina T. Lanahan*

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, 2001 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 PD ☐ Change ☐ Addition  
NAME MALMAD, SUE  
STREET ADDRESS 100 NORTH TAMPA STREET, SUITE 3400  
CITY-ST-ZIP TAMPA, FL 33602

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 D ☐ Delete  
NAME LANAEAN, MARTHA T  
STREET ADDRESS 51 WEST BAY ST  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☐ 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:

*Carl L. Gorday / Carl L. Gorday* 4/26/01 205-326-5183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)