

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90018 036 ***150.00

DOCUMENT # 390762

1. Entity Name
FLEET FINANCE & MORTGAGE, INC.

2. Principal Place of Business
6 EXECUTIVE PARK DR NE
ATLANTA, GA 30329

3. Mailing Address
6 EXECUTIVE PARK DR NE
ATLANTA, GA 30329

4. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

5. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
58-1115845

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SYSTEM
1200 S PINE ISLAND RD
ATLANTA FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	PRESIDENT/CEO/DIRECTOR <input type="checkbox"/> Delete DONALD F ARMSTRONG JR 6 EXECUTIVE PARK DR NE ATLANTA, GA 30329	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SR VICE PRESIDENT <input type="checkbox"/> Delete CORY L. BRAUN 6 EXECUTIVE PARK DR NE ATLANTA, GA 30329	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DIRECTOR <input type="checkbox"/> Delete EUGENE M MCQUADE ONE FEDERAL ST BOSTON, MA 02110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SECRETARY <input type="checkbox"/> Delete WILLIAM C MUTTERPERL ONE FEDERAL ST BOSTON, MA 02110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TREASURER <input type="checkbox"/> Delete CLEVELAND FLETCHER 6 EXECUTIVE PARK DR NE ATLANTA, GA 30329	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	DIRECTOR <input type="checkbox"/> Delete BRIAN T MOYNIHAN ONE FEDERAL ST BOSTON, MA 02110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **CORY L. BRAUN, SVP** 4/24/00 404-679-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)