

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 670576

1. Entity Name

NATIONWIDE HOME EQUITY CORPORATION

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90076 026 ***150.00

Principal Place of Business

Mailing Address

4811 BEACH BLVD.
SUITE 402
JACKSONVILLE FL 32207

~~P.O. BOX 47137~~
JACKSONVILLE FL 32207 ~~402~~
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4811 Beach Blvd

Suite 402

Jacksonville, FL

32207

Usual



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1999865

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

PARROTT, EDWIN C
1335 RYAN ROAD
JACKSONVILLE FL 32216

Name: PARROTT, Edwin C
Street Address (P.O. Box Number is Not Acceptable): 5021 Summer Beach Blvd
City: Amelia Island FL Zip Code: 32034

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARROTT, EDWIN C	
STREET ADDRESS	1335 RYAN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PARROTT, CAROL	
STREET ADDRESS	1235 RYAN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	5021 Summer Beach Blvd	
CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5021 Summer Beach Blvd	
CITY-ST-ZIP	Amelia Island, FL 32034	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2000

904-398-7006