

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 670576

1. Entity Name

NATIONWIDE HOME EQUITY CORPORATION

Principal Place of Business

4811 BEACH BLVD.
SUITE 402
JACKSONVILLE FL 32207

Mailing Address

4811 BEACH BLVD.
SUITE 402
JACKSONVILLE FL 32207
US

2. Principal Place of Business

1553 S 8th St

3. Mailing Address

same

Suite, Apt. #, etc.

Ste 1

Suite, Apt. #, etc.

same

City & State

Fernandina Beach FL

City & State

same

Zip

32034

Country

USA

Zip

same

Country

same

6. Name and Address of Current Registered Agent

PARROTT, EDWIN C
5021 SUMMER BEACH BLVD
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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, 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

TITLE PD
NAME PARROTT, EDWIN C
STREET ADDRESS 5021 SUMMER BEACH BLVD
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE VS
NAME PARROTT, CAROL
STREET ADDRESS 5021 SUMMER BEACH BLVD
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

904-261-2995

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90113 044 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)