

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F15169

1. Entity Name

ABC MORTGAGE OF TAMPA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90126 046 ***158.75

Principal Place of Business

Mailing Address

% MICHAEL E FERNANDEZ
6112 NORTH FLORIDA AVE
TAMPA FL 33604

% MICHAEL E FERNANDEZ
6112 NORTH FLORIDA AVE
TAMPA FL 33604-6624

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

59-2949477

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, MICHAEL E
6112 NORTH FLORIDA AVENUE
TAMPA FL 33604

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FERNANDEZ, MICHAEL E
STREET ADDRESS 6112 N FLORIDA AVE
CITY-ST-ZIP TAMPA FL

TITLE P/D ☒ Change ☐ Addition
NAME FERNANDEZ, MICHAEL E
STREET ADDRESS 3431 VALLEY RANCH DR
CITY-ST-ZIP LUTZ, FL 33549

TITLE STD ☐ Delete
NAME FERNANDEZ, DAVID
STREET ADDRESS 6112 N FLORIDA AVE
CITY-ST-ZIP TAMPA FL

TITLE S/T/D ☒ Change ☐ Addition
NAME FERNANDEZ, DAVID B
STREET ADDRESS 3412 VALLEY RANCH DR
CITY-ST-ZIP LUTZ, FL 33549

TITLE VD ☐ Delete
NAME BAILEY, JAMES E
STREET ADDRESS 6112 N FLORIDA AVE
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael E Fernandez
Michael E Fernandez, President

04/12/2000

813-237-3934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)