

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96540

1. Entity Name

**BROKERS MORTGAGE COMPANY**

**FILED**

**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90106 023 \*\*\*150.00

Principal Place of Business  
6727 1ST AVE SO  
202  
ST PETERSBURG FL 33707  
US

Mailing Address  
6727 1ST AVE SO  
202  
ST PETERSBURG FL 33707-1341  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2233311**

Applied For ☐ Not Applicable ☐

Zip Country

Zip Country

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

**BAILEY, JOHN P**  
**6727 1ST AVE S.**  
**SUITE 202**  
**ST PETERSBURG FL 33707**

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 \_\_\_\_\_ (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	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>BAILEY, JOHN P</b>	
STREET ADDRESS	<b>6727 1ST AVE S. STE. 202</b>	
CITY-ST-ZIP	<b>ST. PETERBURG FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John P. Bailey* **John P. Bailey** 4/26/00 727-381-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-1 E034 19/99