

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001624

1. Entity Name

ATLANTA MORTGAGE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90082 043 ***150.00

Principal Place of Business

Mailing Address

8793 TAMiami TRAIL E., #109
NAPLES FL 34113

8793 TAMiami TRAIL E., #109
NAPLES FL 34113-3321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2149259

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

LARA, HENRY
8793 TAMiami TRAIL E., #109
NAPLES FL 34113

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 P
NAME LARA, HENRY
STREET ADDRESS 115-5TH ST
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

TITLE P
NAME LARA Henry
STREET ADDRESS 2225-23rd ST S.W
CITY-ST-ZIP Naples Fla 33117 ☒ Change ☐ Addition

TITLE ST
NAME MORALES, GLORIA C
STREET ADDRESS 1296 KEYS LAKE DR.
CITY-ST-ZIP ATLANTA GA 30319 ☐ Delete

TITLE
NAME
STREET ADDRESS 2225-23rd ST SW
CITY-ST-ZIP Naples Fla 33117 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

4/13/00 941-

Date

Daytime Phone #

CR2E034 (9/99)