

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90256 036 ***150.00

DOCUMENT # J32125

1. Entity Name
HALLMARK MORTGAGE SERVICES, INC.

Principal Place of Business

917 N 12TH AVE 101 W. MAIN ST.
 PENSACOLA FL 32501 #121
 US LAKELAND, FL
 33815

Mailing Address

917 N 12TH AVE 101 W. MAIN ST.
 PENSACOLA FL 32501 #121
 US LAKELAND, FL
 33815

2. Principal Place of Business

101 W. MAIN ST. #121

Suite, Apt. #, etc.

3. Mailing Address

101 W. MAIN ST. #121

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

4. FEI Number

59-2714660

Applied For

Not Applicable

Zip

33815

Country

US

Zip

33815

Country

US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HALL, KAY S.

5740 NORTHROP ROAD 4434 SUGARTREE DR. W.
 MILTON FL 32570 LAKELAND, FL 33813

7. Name and Address of New Registered Agent

Name HALL, KAY S.

Street Address (P.O. Box Number is Not Acceptable)
 4434 SUGARTREE DR. W.

City LAKELAND

FL Zip Code 33813

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

Kay S. Hall
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-02

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, 2002 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 PTD ☐ Delete
NAME HALL, KAY S.
STREET ADDRESS 5740 NORTHROP ROAD
CITY-ST-ZIP MILTON FL 32570

TITLE VP ☐ Delete
NAME CAMP, TRACY L
STREET ADDRESS 1003 S ALEXANDER ST STE 2
CITY-ST-ZIP PALMT CITY FL

TITLE VP ☐ Delete
NAME JENKINS, RICK A
STREET ADDRESS 14310 N DALE MABRY #280
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME HALL, KAY S.
STREET ADDRESS 4434 SUGARTREE DR. W.
CITY-ST-ZIP LAKELAND, FL 33813

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

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

TITLE VP ☐ Change ☒ Addition
NAME MARK J. KONSAVAGE
STREET ADDRESS 101 N. MAIN ST. #121
CITY-ST-ZIP LAKELAND, FL 33815

TITLE VP ☐ Change ☒ Addition
NAME MELINDA K. O'BRYAN
STREET ADDRESS 310 GOVERNMENT ST. #A-3
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE VP ☐ Change ☒ Addition
NAME BIRGIT BUCHANAN
STREET ADDRESS 310 GOVERNMENT ST #A-3
CITY-ST-ZIP PENSACOLA, FL 32501

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:

Kay S. Hall **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

8009601150

Daytime Phone #

CR2E034 (9/01)