

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90041 005 \*\*\*150.00

**DOCUMENT # J32125**

1. Entity Name  
**HALLMARK MORTGAGE SERVICES, INC.**



Principal Place of Business  
**101 W MAIN STREET  
STE 121  
LAKELAND FL 33815  
US**

Mailing Address  
**101 W MAIN STREET  
STE 121  
LAKELAND FL 33815  
US**

**22004336**



2. Principal Place of Business

**13902 N. DALE MABRY**  
Suite, Apt. #, etc.  
**SUITE 212**

3. Mailing Address

**13902 N. DALE MABRY**  
Suite, Apt. #, etc.  
**SUITE 212**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Tampa FL**

City & State  
**Tampa FL**

4. FEI Number **59-2714660**

Applied For  
Not Applicable

Zip Country  
**33618 US**

Zip Country  
**33618 US**

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

**HALL, KAY S.**  
**4434 SUGARTREE DRIVE W 5646 GLENCREST BLVD**  
**LAKELAND FL 33813 Tampa, FL 33625**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kay Hall** **KAY S. HALL**

**2-4-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete  
NAME **HALL, KAY S.**  
STREET ADDRESS **4434 SUGARTREE DR W 5646 GLENCREST BLVD**  
CITY-ST-ZIP **LAKELAND FL 33813 Tampa, FL 33625**

TITLE **VP** ☐ Change ☒ Addition  
NAME **LILLIAN J. CHARACTER**  
STREET ADDRESS **101 WEST MAIN STREET #121**  
CITY-ST-ZIP **LAKELAND, FL 33815**

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

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

TITLE **VP** ☐ Delete  
NAME **JENKINS, RICK A**  
STREET ADDRESS **14310 N DALE MABRY #280 13902 N. DALE MABRY**  
CITY-ST-ZIP **TAMPA FL 33618 #212 Tampa FL 33618**

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

TITLE **VP** ☒ Delete  
NAME **MARK, KONSavage**  
STREET ADDRESS **101 N MAIN STREET 121**  
CITY-ST-ZIP **LAKELAND FL 33815**

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

TITLE **VP** ☒ Delete  
NAME **MELINDA, OBRYANT**  
STREET ADDRESS **310 GOVERNMENT ST A-3**  
CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **VP** ☐ Delete  
NAME **BIRGIT, BUCHMANAN**  
STREET ADDRESS **310 GOVERNMENT ST A-3 415 S. FLORIDA BLANCA**  
CITY-ST-ZIP **PENSACOLA FL 32501**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kay Hall** **REQUARDS, HALL**

**2-4-03**

**8139630116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)