

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62284

1. Entity Name

ATLANTIC MORTGAGE SERVICES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90055 014 ***150.00

Principal Place of Business

1790 HWY A-1-A
STE 101
SATELLITE BCH FL 32937
US

Mailing Address

1790 HWY A-1-A
STE 101
SATELLITE BCH FL 32937-5446
US

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 **59-3000922**

Applied For

Not Applicable

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

OVERSTREET, DANIEL E
513 TURTLE CIRCLE
SATELLITE BEACH FL 32937

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 true 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 **DP** ☐ Delete
NAME **OVERSTREET, DANIEL E.**
STREET ADDRESS **124 JUPITER COURT**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **VP** ☐ Delete
NAME **OVERSTREET, DEBRA**
STREET ADDRESS **1790 HWY. A1A, SUITE 101**
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **VP** ☐ Delete
NAME **WOAL, HEATHER**
STREET ADDRESS **2311 MONTGOMERY RD**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **VP** ☐ Delete
NAME **CAMP, CHARLES**
STREET ADDRESS **2259 ROYAL-OAKS DR**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **VP** ☐ Delete
NAME **SHERIDAN, ROBERT**
STREET ADDRESS **51 EAST CT**
CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition
NAME **Heather wood**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)