

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L77510

1. Entity Name

ATC EQUITY & MORTGAGE, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90062 007 ***150.00

Principal Place of Business

Mailing Address

3462 FINECHASE CIR
ST CLOUD FL 34769
US

2462 FINECHASE CIR
ST CLOUD FL 34769
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Cloud FL
34769

US

Zip

Country

4. FEI Number 65-0196391

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, ELENA
2462 PINECHASE CIR
ST CLOUD FL 34769

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 D ☐ Delete
NAME DIAZ-ASPER, JOSE
STREET ADDRESS 2462 PINE CHASE CIRCLE
CITY-ST-ZIP ST CLOUD .F

TITLE VP ☐ Delete
NAME DIAZ-ASPER, JOSE A
STREET ADDRESS 2462 PINE CHASE CIRCLE
CITY-ST-ZIP ST CLOUD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00 (407) 891-0600