

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 MAY -4 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0018136
IN

DOCUMENT # M99000001250

1. Entity Name
TIDEWATER MORTGAGE CO., LLC

Principal Place of Business
PINWEST PLAZA BLDG 3
ALBANY NY

Mailing Address
PINWEST PLAZA BLDG 3
ALBANY NY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Pine West Plaza

3. Mailing Address
Pine West Plaza

Suite, Apt. #, etc.
Bldg 3

Suite, Apt. #, etc.
Bldg 3

City & State
ALBANY N.Y.

City & State
ALBANY, NY

Zip
12205

Country
USA

Zip
12205

Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COYLE, THOMAS
5985 BLOOMFIELD CIRCLE APT D-204
NAPLES FL 32114

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
COYLE, THOMAS
PINWEST PLAZA BLDG 3
ALBANY NY ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100003269181 ☐ Change ☐ Addition
-05/26/00--01108--005
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

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☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Thomas Coyle
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/15/00

Date

518-464-4448

Daytime Phone #

CR2E083 (9/99)