

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P94000041531**

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

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**  
 05-08-2000 90140 004 \*\*\*150.00

<b>Principal Place of Business</b> 111-2ND AVENUE N.E. 9TH FLOOR ST. PETERSBURG FL 33701	<b>Mailing Address</b> 111-2ND AVENUE N.E. 9TH FLOOR ST. PETERSBURG FL 33701-3441
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 1100 16th ST N Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1100 16th ST N Suite, Apt. #, etc.
<b>City &amp; State</b> ST. PETER, FL	<b>City &amp; State</b> ST. PETER, FL
<b>Zip</b> 33705	<b>Country</b> USA

<b>4. FEI Number</b> 59-3260683	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

SWEENEY, LARRY  
 111-2ND AVENUE N.E.  
 9TH FLOOR  
 ST. PETERSBURG FL 33701

**7. Name and Address of New Registered Agent**

**Name**  
LARRY SWEENEY

**Street Address (P.O. Box Number is Not Acceptable)**  
1100 16th ST N

**City**  
ST. PETER, FL

**Zip Code**  
33705

**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]* **NOT AGENT just ADDRESS.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> SWEENEY, LARRY	<b>STREET ADDRESS</b> 800 45TH AVENUE N.E.	<b>CITY-ST-ZIP</b> ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
<b>TITLE</b> SD	<b>NAME</b> SWEENEY, LARRY	<b>STREET ADDRESS</b> 800 45TH AVENUE N.E.	<b>CITY-ST-ZIP</b> ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> PRES.	<b>NAME</b> LARRY SWEENEY	<b>STREET ADDRESS</b> 1015 4th Ave NE	<b>CITY-ST-ZIP</b> ST. PETER, FL 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SEC.	<b>NAME</b> LARRY SWEENEY	<b>STREET ADDRESS</b> 1015 4th Ave NE	<b>CITY-ST-ZIP</b> ST PETER, FL 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)