

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006973

1. Entity Name

ATLANTIC MORTGAGE CO. OF TAMPA BAY, INC.

FILED

00 JUN 21 AM 9:57

Principal Place of Business

Mailing Address

325 5TH STREET SOUTH  
ST. PETERSBURG FL 33701

325 5TH STREET SOUTH  
ST. PETERSBURG FL 33701-4403  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3357116

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROKAW, JENNIFER  
9453 SUN ISLE DRIVE  
ST. PETERSBURG FL 33702

Name  
BROKAW, JOHN A. III

Street Address (P.O. Box Number is Not Acceptable)  
9453 SUN ISLE DRIVE

City ST. PETERSBURG FL Zip Code 33702

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 *John A. Brokaw III* DATE 4-2-00

Signature, typed or printed name of registered agent and state 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 NAME STREET ADDRESS CITY-ST-ZIP	PS BROKAW, JENNIFER 9453 SUN ISLE DRIVE ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BROKAW, JOHN A III 9453 SUN ISLE DRIVE ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BROKAW, JOHN A III 9453 SUN ISLE DRIVE ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BROKAW, JENNIFER 9453 SUN ISLE DRIVE ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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 #

282

June 16, 2000

Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Attn: Kaphy Ashton

RE: Atlantic Mortgage Co. of Tampa Bay, Inc.  
59-3357116

We mailed check #6430 on 4/2 to renew our corporation. I spoke to Stacey 6/9 because the check had never been cashed. She advised to wait one more week because posting was behind. Since this has still not been cashed or posted, I am cancelling this check and reissuing. Please e-mail me at LB4135@cs.com or fax me at 727-895-4054 that you have received this or if I don't hear from you by next week, I will call to make sure you have received it. Thank you for your help.

Jennifer Brokaw

