

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90009 014 ***150.00

DOCUMENT # P96000006973

1. Entity Name

ATLANTIC MORTGAGE LOANS, INC.

Principal Place of Business

**325 5TH STREET SOUTH
 ST PETERSBURG FL 33701
 US**

Mailing Address

**325 5TH STREET SOUTH
 ST PETERSBURG FL 33701
 US**

2. Principal Place of Business

3. Mailing Address

325 5TH ST SO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETERSBURG, FL

Zip

Country

Zip

Country

33701

4. FEI Number

59-3357116

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

BROKAW, JOHN A III

**9453 SUN ISLE DRIVE 325 5TH ST SO
 ST. PETERSBURG FL 33702 33701**

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

CHANGE ST ADDRESSES

City

FL

Zip Code

33701

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, 2002 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 ☐ Delete
 NAME **VT BROKAW, JENNIFER**
 STREET ADDRESS **9453 SUN ISLE DRIVE 325 5TH ST SO**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702 33701**

TITLE ☒ Change ☐ Addition
 NAME **325 5TH ST SO**
 STREET ADDRESS **33701**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D BROKAW, JOHN A IV**
 STREET ADDRESS **325 5TH STREET SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE ☐ Delete
 NAME **S VIRTUDAZO, ANGELA**
 STREET ADDRESS **325 5TH STREET SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE ☐ Delete
 NAME **D MATURSKI, MELINDA**
 STREET ADDRESS **325 5TH STREET SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE ☐ Delete
 NAME **D MEYER, TAMMY**
 STREET ADDRESS **325 5TH STREET SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE ☐ Delete
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-02

CR2E034 (9/01)