

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082795

1. Entity Name

FLORIDA HOME EQUITY MORTGAGE, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90114 024 \*\*\*158.75

Principal Place of Business  
2985 W BAY DR  
BELLEAIR BLUFFS FL 33770  
US

Mailing Address  
2985 W BAY DR  
2896 PINEHURST AVE  
BELLEAIR BLUFFS FL 33770-1726  
US

2. Principal Place of Business  
825 Clearwater Largo Rd N

3. Mailing Address  
825 Clearwater Largo Rd N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Largo, FL

City & State  
Largo, FL

4. FEI Number  
59-3403599

Applied For

Not Applicable

Zip  
33770-4124

Country  
USA

Zip  
33770-4124

Country  
USA

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

SELLS, SANDRA L  
2896 PINEHURST AVE  
BELLEAIR BLUFFS FL 33770

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CDS			
	SELLS, SANDRA L	2896 PINEHURST AVE.	BELLEAIR BLUFFS FL	
	PTD			
	SELLS, GENE	2896 PINEHURST AVE.	BELLEAIR BLUFFS FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 727-585-6806

CR2E034 (9/99)