

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008938

1. Entity Name

PERSONAL MORTGAGE SERVICES INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90034 018 ***158.75

Principal Place of Business

Mailing Address

17851 WETSTONE ROAD
FT. MYERS FL 33917

17851 WETSTONE ROAD
FT MYERS FL 33917-4721

2. Principal Place of Business

4807 Palm Beach Blvd

3. Mailing Address

4807 Palm Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers FL

Zip

Country

33905 USA

Zip

Country

33905 USA

4. FEI Number

65-0722576

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

BOCCIA, FRANCESCO
3919 PALM BEACH BLVD
FT MYERS FL 33916

Name

BOCCIA, FRANCESCO

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

4807 Palm Beach Blvd

City

Fort Myers

FL

Zip Code

33905

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
PST
BOCCIA, FRANCESCO
17851 WESTSTONE ROAD
FORT MYERS FL 33917 ☐ 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 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

CR2E034 (9/99)