

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067278

1. Entity Name

ORCA MORTGAGE SERVICES, INC.

FILED

Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90147 025 ***550.00

Principal Place of Business

Mailing Address

9600 KOGER BOULEVARD
STE. 120
ST. PETERSBURG FL 33702
US

407 44TH ST COURT WEST
PALMETTO FL 34221-8782
US

2. Principal Place of Business

3. Mailing Address

251 CENTRAL AVE

251 CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Country

Zip

Country

33702 USA

33701 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0774395

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

SMOAK, PHILIP M.
407 44TH ST COURT WEST
PALMETTO FL 34221

Name

Smoak, Philip M.

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

251 CENTRAL AVE

City

St. Petersburg

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, 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 ☐ Delete
NAME D
STREET ADDRESS SMOAK, PHILIP
CITY-ST-ZIP 407 44TH ST COURT WEST
PALMETTO FL 34221

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 power, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/00

Date

727
820-0252

Daytime Phone #