

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076514

Entity Name

Suwannee Valley Mortgage Services, Inc.

P.O. Box 17

Mayo, FL 32066

Principal Place of Business

Mailing Address

P.O. Box 17

Mayo, FL 32066

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3464415

Applied For

Not Applicable

8. 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

Richard E. Coleman

Rt 3 Box 853

Mayo, FL 32066

Name

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

City

FL

Zip Code

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 state if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President / Treasurer	☐ Delete
NAME	Richard E. Coleman	
STREET ADDRESS	Rt 3 Box 853	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE	Vice President / Secretary	☐ Delete
NAME	Mary Coleman	
STREET ADDRESS	Rt 3 Box 853	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(f), 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:

Richard E. Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 386-294-3217

Date

Daytime Phone #

FILED
Jul 25, 2001 8:00 am
Secretary of State

05-17-2001 91328 036 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2001-11000