

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

7/14/00

DOCUMENT # P98000017389

1. Entity Name

HERITAGE MORTGAGE & FINANCIAL SERVICES, INC.

00 MAY 31 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3820 NORTHDAL BLVD., STE. 2108
TAMPA FL 33624

Mailing Address

3837 NORTHDAL BLVD.
PMB #224
TAMPA FL 33624-1841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3568800

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

Name

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

City

FL

Zip Code

BREMM-MACDONALD, SUSAN Y
3837 NORTHDAL BLVD.
#224
TAMPA FL 33624

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 PCEO
STREET ADDRESS BREMM-MACDONALD, SUSAN Y
CITY-ST-ZIP 14502 N. DALE MABRY #200
TAMPA FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400003274844-0
CITY-ST-ZIP -06/02/00--01021--025
****158.75 ****158.75
☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Susan Y. Bremm - MacDonald 5/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR:2E13- (9/99)

5/31/00 Pg 2 of 2

To Whom It Concerns,

Due to an incorrect mailing address, my Corporation filing form sat idle somewhere. I, in fact, didn't receive it until about the second week in May 2000. ~~My great~~ I am therefore hand delivering it May 31, 2000 to renew & request a waiver to pay \$150⁰⁰.
Thank you.

Susan Y. Bremner-MacDonald
Susan Y. MacDonald