

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026691

1. Entity Name  
PROVIDENCE MORTGAGE CORP.

Principal Place of Business

1004 US 19, STE 202  
HOLIDAY FL 34691

Mailing Address

1004 US 19, STE 202  
HOLIDAY FL 34691-5635

2. Principal Place of Business

1004 US 19  
Suite, Apt. #, etc.  
102

3. Mailing Address

1004 US 19  
Suite, Apt. #, etc.  
102

City & State  
Holiday Florida  
Zip  
34691  
Country  
USA

City & State  
Holiday, Florida  
Zip  
34691  
Country  
USA

4. FEI Number 59-3499915

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

WATKINS, RALPH B  
2247 ORANGEPOINTE AVE  
PALM HARBOR FL 34683

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 \_\_\_\_\_ (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	P WATKINS, RALPH B 2247 ORANGEPOINTE AVE PALM HARBOR FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATKINS, ELAINE 2247 ORANGEPOINTE AVE. PALM HARBOR FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Elaine Watkins 2577 Dolly Bay Blvd #101 Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WATKINS, KRISTEN 2247 ORANGEPOINTE AVE PALM HARBOR FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spelling- Orangepointe Ave	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: Kristen W. Watkins Sec/Treas. Date: 3/15/00 Daytime Phone #: (813) 939-9500

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90138 001 \*\*\*150.00  
03-21-2000 90138 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)