

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90217 014 ***150.00

DOCUMENT # P98000026691

1. Entity Name
PROVIDENCE MORTGAGE CORP.

Principal Place of Business

1004 US 19
STE 102
HOLIDAY FL 34691
US

Mailing Address

1004 US 19
STE 102
HOLIDAY FL 34691
US

2. Principal Place of Business

510 East Tarpon Avenue
 Suite, Apt. #, etc.

3. Mailing Address

510 East Tarpon Avenue
 Suite, Apt. #, etc.

City & State

Tarpon Springs FL
34689 **US**

City & State

Tarpon Springs FL
34689 **US**

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

WATKINS, RALPH B
2247 ORANGEPOINTE AVE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

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

3010 Autumn Drive

City **Palm Harbor**

FL

Zip Code

34683

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/02
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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WATKINS, RALPH B	
STREET ADDRESS	2247 ORANGEPOINTE AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, ELAINE	
STREET ADDRESS	2577 DOLLY BAY BLVD #101	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WATKINS, KRISTEN	
STREET ADDRESS	2247 ORANGEPOINTE AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3010 Autumn Drive
CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3010 Autumn Drive
CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 **727-939-9500**
 Date Daytime Phone #

CR2E034 (9/01)