

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064846

1. Entity Name

AETNA MORTGAGE COMPANY OF FLORIDA, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90076 033 ***150.00

Principal Place of Business

Mailing Address

901 NORTH POINT PKWY
304
WEST PALM BEACH FL 33407

901 NORTH POINT PKWY
304
WEST PALM BEACH FL 33407-1953

2. Principal Place of Business

3. Mailing Address

5201 Village Blvd
Suite, Apt. #, etc.

5201 Village Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

WPB FL

WPB FL

4. FEI Number 65-0851749

Applied For

Not Applicable

Zip 33407

Country

Zip

Country

FL USA

33407

USA

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

NEEDLE, DAVID
901 NORTHPOINT PKWY
#304
WEST PALM BEACH FL 334073

Name David Needle

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

5201 Village Blvd

City

WPB

FL

Zip Code

33407

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

120/00

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 PD
NAME NEEDLE, DAVID
STREET ADDRESS 901 NORTHPOINT PKWY., #304
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 5616871501

CR2E034 (9/99)