

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066133

1. Entity Name

FORTUNE FINANCIAL MORTGAGE SERVICES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90341 042 ***150.00

Principal Place of Business

300 31ST STREET NORTH
SUITE 502 E
ST PETERSBURG FL 33713

Mailing Address

300 31ST STREET NORTH
SUITE 502 E
ST PETERSBURG FL 33713

00004664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4360 CENTRAL AVENUE

Suite, Apt. #, etc.

3. Mailing Address

4360 CENTRAL AVENUE

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

59-3523675

Applied For

Not Applicable

Zip

33711

Country

PINELLAS

Zip

33711

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHRS, DENIS A
2841 EXECUTIVE DRIVE SUITE 120
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

Gary A. Carnal

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

6528 Central Ave, Ste. B

City

St. Petersburg

FL

Zip Code

33707

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 (Applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

Gary A. Carnal

2/1/01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS WESTERHOFF, SUSAN L
CITY-ST-ZIP 4749 BAYWOOD POINT DRIVE SOUTH
GULFPORT FL 33711

TITLE ☐ Delete
NAME VD
STREET ADDRESS PENCE, ROBIN A
CITY-ST-ZIP 4749 BAYWOOD POINT DR S
GULFPORT FL 33713

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
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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:

Robin A. Pence

ROBIN A. PENCE

04/01/01

727-322-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)