

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017424

1. Entity Name

NATIONAL ONE MORTGAGE CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90242 011 ***150.00

Principal Place of Business

2160 HIGHWAY 434 WEST
LONGWOOD FL 32779

Mailing Address

2160 HIGHWAY 434 WEST
LONGWOOD FL 32779-5003

2. Principal Place of Business

369 N. New York Ave
Suite, Apt. #, etc.

3. Mailing Address

369 N. New York Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-2499405

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

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

MILLS, RUSSELL L SR
2160 HIGHWAY 434 WEST
LONGWOOD FL 32779

Name

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

369 N New York Ave

City

WINTER PARK

FL

Zip Code

32789

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

Russell L. Mills, Sr.

4/27/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, RUSSELL L SR	
STREET ADDRESS	2160 HIGHWAY 434 WEST	
CITY-ST-ZIP	LONGWOOD FL 32779	
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		
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	369 N. New York Ave	
STREET ADDRESS	WINTER PARK, FL 32789	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES W. HALL	
STREET ADDRESS	369 N. New York Ave	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE LAMBERT	
STREET ADDRESS	369 N. New York Ave	
CITY-ST-ZIP	WINTER PARK, FL 32789	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 407/622-5000
Date Daytime Phone #

CR2E034 (9/99)