

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039169

1. Entity Name

ATMOR MORTGAGE CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90063 039 ***150.00

Principal Place of Business

Mailing Address

321 KINGSBURY AVENUE
SANFORD FL 32771

321 KINGSBURY AVENUE
SANFORD FL 32771-8630

2. Principal Place of Business

360 Wilshire Blvd #112

3. Mailing Address

PO Box 952674

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Casselberry FL

City & State

Lake Mary FL

4. FEI Number

59-3573311

Applied For

Not Applicable

Zip

Country

32707 USA

Zip

Country

32795 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

TOLBERT, ANDREA N
321 KINGSBURY AVENUE
SANFORD FL 32771

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME TOLBERT, ANDREA N
STREET ADDRESS 321 KINGSBURY AVENUE
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME TOLBERT, TIMOTHY J
STREET ADDRESS 321 KINGSBURY AVENUE
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Andrea Tolbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/00

Daytime Phone #

407-831-2277

CR2E034 (9/99)