

2000 UNIFORM BUSINESS REPORT (UBR)

5/2/0

FILED

May 24, 2000 8:00 am
Secretary of State

05-02-2000 90070 006 ***150.00

DOCUMENT # P99000048258

1. Entity Name

VERITY MORTGAGE, INC.

Principal Place of Business

404 HIDDEN HARBOUR DR.
INDIAN ROCKS BEACH FL 33785

Mailing Address

404 HIDDEN HARBOUR DR.
INDIAN ROCKS BEACH FL 33785-3731

2. Principal Place of Business

1401 GULF BLVD

3. Mailing Address

Suite, Apt. #, etc.

UNIT 5

Suite, Apt. #, etc.

City & State

INDIAN ROCKS BEACH, FL

City & State

Zip

33785

Country

USA

Zip

Country

4. FEI Number

59-3579017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, COLEEN
404 HIDDEN HARBOUR DR.
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

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

TITLE	PRESIDENT / SEC	<input type="checkbox"/> Delete
NAME	N. COLEEN MARSHALL	
STREET ADDRESS	404 HIDDEN HARBOUR DR.	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	VICE PRESIDENT / TREAS	<input type="checkbox"/> Delete
NAME	MARCELA MARSHALL	
STREET ADDRESS	2225 N. W. 13th AVE.	
CITY-ST-ZIP	MIAMI, FL 33134	
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 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		
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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: N. Coleen Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 727 596-6881
Date Daytime Phone #