

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 06, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000048258**1. Entity Name  
VERITY MORTGAGE, INC.

## Principal Place of Business

1401 GULF BLVD  
UNIT 5  
INDIAN ROCKS BEACH FL  
33785

## Mailing Address

404 HIDDEN HARBOUR DR.  
INDIAN ROCKS BEACH FL  
337852. Principal Place of Business  
500 1ST STREET3. Mailing Address  
500 1ST STREETSuite, Apt. #, etc.  
UNIT CSuite, Apt. #, etc.  
UNIT C

DO NOT WRITE IN THIS SPACE

City & State  
INDIAN ROCKS BEACH FLCity & State  
INDIAN ROCKS BEACH FL4. FEI Number  
**59-3579017**Applied For  
Not ApplicableZip Country  
33785Zip Country  
337855. 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 **COLEEN MARSHALL**

03/06/2001

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, 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 DPT ☐ Delete  
NAME MARSHALL MARC A  
STREET ADDRESS 2225 NURSERY RD BLDG 13  
CITY-ST-ZIP CLEARWATER FL 33764TITLE PS ☐ Delete  
NAME MARSHALL N. COLFEN  
STREET ADDRESS 404 NIDDEN HARBOR DR  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **MARC MARSHALL**

VP

03/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)