

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075579

1. Entity Name

B & L MORTGAGE PROCESSING COMPANY

Principal Place of Business

Mailing Address

403 S WILLOW AVE UNIT A
TAMPA FL 33606

403 S WILLOW AVE UNIT A
TAMPA FL 33606-2154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

59-3592601

Applied For

Not Applicable

Zip

Country

33609-8877

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROD, SHERMAN M
3716 W SWANN AVE
TAMPA FL 33609

Name

Sherman M. Brod, Attorney

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

3314 Henderson Blvd.
Suite 100

City

Tampa,

FL

33609

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

Sherman M. Brod

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/2000

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	D	<input type="checkbox"/> Delete
NAME	BROD, SANDRA C	
STREET ADDRESS	403 S WILLOW AVE UNIT A	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROD, SHERMAN M	
STREET ADDRESS	403 S WILLOW AVE UNIT A	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARKINS, BARBARA W	
STREET ADDRESS	11929 CONGRESSIONAL DR	
CITY-ST-ZIP	TAMPA FL 33626	
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	Pres., Treas., & Secty.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Sandra C. Brod 4/28/2000

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90565 035 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)