

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90228 042 ***150.00

DOCUMENT # P99000080766

1. Entity Name

SOVEREIGN MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

659958

2. Principal Place of Business

22 SOUTH LINKS AVE.,

3. Mailing Address

SAME AS BUISNESS

Suite, Apt. #, etc.

STE. 300

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

4. FEI Number

65-0947345

Applied For

Not Applicable

Zip

34236

Country

Zip

Country

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

SCOTT W. DUNLAP
 22 SOUTH LINKS AVE., STE 300
 SARASOTA, FL 34236

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!!!

After MAY 1, 2001

Make Check Payable

FEES IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ Delete
 NAME TODD A KOLBE
 STREET ADDRESS 22 SOUTH LINKS AVE., STE 300
 CITY-ST-ZIP SARASOTA, FL 34236

TITLE DIRECTOR ☐ Delete
 NAME KELLY L. ABERCROMBIE
 STREET ADDRESS 22 SOUTH LINKS AVE., SUITE 300
 CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD A. KOLBE

Date

Daytime Phone #

CR2034 (11/00)