

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080766

1. Entity Name

SOVEREIGN MORTGAGE CORPORATION

Principal Place of Business

C/O JOHN A. MORAN
~~22 SOUTH LINKS AVE., STE. 300~~
~~SARASOTA FL 34236~~

c/o Stephen F. Voigt, Sr.

Mailing Address

~~C/O JOHN A. MORAN~~
~~22 SOUTH LINKS AVE., STE. 300~~
~~SARASOTA FL 34236~~

2. Principal Place of Business

2042 Bee Ridge Road

Suite, Apt. #, etc.

3. Mailing Address

2042 Bee Ridge Road

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-0947345

Applied For

Not Applicable

Zip

34239

Country

USA

Zip

34239

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, SCOTT W

~~22 SOUTH LINKS AVE., STE. 300~~

~~SARASOTA FL 34236~~

7. Name and Address of New Registered Agent

Name

Stephen F. Voigt, Sr.

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

2042 Bee Ridge Road

City

Sarasota

FL

Zip Code
34239

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.

Stephen F. Voigt, Sr.

3-15-02

(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, 2002 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 ☐ Delete
NAME D
STREET ADDRESS KOLBE, TODD A
CITY-ST-ZIP 22 SOUTH LINKS AVE., STE. 300
SARASOTA FL 34236

TITLE ☐ Delete
NAME D
STREET ADDRESS ABERCROMBIE, KELLY L
CITY-ST-ZIP 22 S LINKS AVE., SUITE 300
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 2042 Bee Ridge Road
CITY-ST-ZIP Sarasota, FL 34239

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2042 Bee Ridge Road
CITY-ST-ZIP Sarasota, FL 34239

TITLE ☐ Change ☐ Addition
NAME 700005183107--4
STREET ADDRESS -04/02/02--01043--027
CITY-ST-ZIP ****150.00 ****150.00

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

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly L. Abercrombie

Date

3-15-02

Daytime Phone #

941-925-2324

CR2E034 (9/01)