

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90040 022 ***150.00

DOCUMENT # P99000083648

1. Entity Name

ENVESTA MORTGAGE SERVICES, INC.

Principal Place of Business

**406 BROAD STREET
MILTON FL 32570**

Mailing Address

**406 BROAD STREET
MILTON FL 32570**

2. Principal Place of Business

5370 Broad Street

Suite, Apt. #, etc.

3. Mailing Address

5370 Broad Street

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

4. FEI Number

59-3598289

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIBSON, PASCO SR
406 BROAD STREET
MILTON FL 32570**

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, 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 **DP** ☐ Delete
NAME **GIBSON, PASCO SR**
STREET ADDRESS **5701 NICKOLAUS LANE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **DV** ☐ Delete
NAME **GIBSON, PASCO JR**
STREET ADDRESS **7008 DORR STREET NE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **DS** ☐ Delete
NAME **GIBSON, MICHAEL**
STREET ADDRESS **3352 MILLS BAYO DRIVE**
CITY-ST-ZIP **PACE FL 32571**

TITLE **DT** ☐ Delete
NAME **PILEGGI, ANTHONY**
STREET ADDRESS **5351 HAMILTON LANE**
CITY-ST-ZIP **PACE FL 32571**

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

TITLE ☐ Change ☐ Addition
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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:

Anthony J. Pileggi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2002
Date

(850) 626-0005
Daytime Phone #

CR2E034 (9/01)