

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/4/

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90020 039 \*\*\*150.00

DOCUMENT # P99000089976

1. Entity Name

FLORIDA MORTGAGE PROFESSIONAL CORPORATION

Principal Place of Business

6727 -17TH ST. N.  
ST. PETERSBURG FL 33702

Mailing Address

6727 -17TH ST. N.  
ST. PETERSBURG FL 33702

2. Principal Place of Business

5121 Ehrlich Rd  
Suite 107-B

3. Mailing Address

5121 Ehrlich Rd  
Suite 107-B

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3602946

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM BERGER, KENNETH  
6727 -17TH ST. N.  
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name: Peter Alessandri  
Street Address (P.O. Box Number is Not Acceptable): 5121 Ehrlich Rd, Suite 107-B  
City: Tampa FL Zip Code: 33624

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

Peter Alessandri 4/27/01

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 NAME	D WILLIAM BERGER, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS	6727 -17TH ST. N.	
CITY - ST - ZIP	SAINT PETERSBURG FL 33702	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P, S, D Peter Alessandri	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5121 Ehrlich Rd, Suite 107-B	
CITY - ST - ZIP	Tampa, FL 33624	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Peter Alessandri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

813-969-1995

Daytime Phone #

CR2E034 (10/00)