

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90105 022 ***150.00

DOCUMENT # P99000095569

1. Entity Name
CONTINENTAL ATLANTIC MORTGAGE CORP.

Principal Place of Business
 1761 W. HILLSBORO BLVD.,STE.104
 DEERFIELD BEACH FL 33442

Mailing Address
 1761 W. HILLSBORO BLVD.,STE.104
 DEERFIELD BEACH FL 33442

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0956161**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLS, GARY M P.A.
1761 W. HILLSBORO BLVD.,STE.104
DEERFIELD BEACH FL 33442

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PVS	<input type="checkbox"/> Delete
NAME	MILLS, GARY M	
STREET ADDRESS	16825-B ISLE OF PALMS DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	MILLS, GARY M	
STREET ADDRESS	16825-B ISLE OF PALMS DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 **President** 8/14/00 954 570 7872

Date Daytime Phone #

CR2E034 (5/00)

Attachment
199 000 0255 69
007 9828

Continental Atlantic Mortgage Corp.

1761 West Hillsboro Boulevard, Suite 104

Deerfield Beach, Florida 33442

Telephone: (954) 570-7872

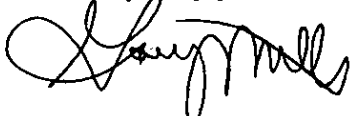
Facsimile: (954) 427-9844

Attention: Department of State

As per a conversation with one of your representatives, I am enclosing a check for \$150 for the annual report. I was told that since I never received a first annual report for an original due date and the only thing I have received was the second notice that the \$150 would be okay for this year and I had to have them in before May 31 from now on.

Thank you for your cooperation in this matter. If you need any further information, please call me.

Very truly yours,



Gary Mills

Enclosures