

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76954

1. Entity Name

VELOCETTE MORTGAGE CORP.

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

04-25-2001 90138 011 \*\*\*150.00

Principal Place of Business

P.O. BOX 12125  
ST. PETERSBURG FL 33733

Mailing Address

P.O. BOX 12125  
ST. PETERSBURG FL 33733

00040890



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 12332

Suite, Apt. #, etc.

3. Mailing Address

PO Box 12332

Suite, Apt. #, etc.

City & State  
St. Petersburg, FLA

City & State  
St. Petersburg, FLA

Zip  
33733

Country  
USA

Zip  
33733

Country  
USA

4. FEI Number 59-3083869

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, LOLA  
5661 34TH STREET NORTH  
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name RICHARD C. ARNOLD

Street Address (P.O. Box Number is Not Acceptable)  
5661 34 Street, North

City St. Petersburg,

FL

Zip Code 33714

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

*Richard C. Arnold*

3/28/01

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 STREET ADDRESS CITY-ST-ZIP	PSTD GIBSON, LOLA P.O. BOX 12125 (N/A) ST. PETERSBURG FL 33733	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RICHARD C. ARNOLD 5661 34 Street, No. St. Petersburg, FLA 33714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

*Richard C. Arnold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD C. ARNOLD, Pres.

Date

3/28/01

Daytime Phone #

727-526-5450

CR2E034 (10/00)