

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90023 035 \*\*\*150.00

0061071 AV

**DOCUMENT # V36558**

1. Entity Name

**MORTGAGE ALTERNATIVES, INC.**

Principal Place of Business

**415 SOUTH FLORIDA BLANCA  
 PENSACOLA FL 32501**

Mailing Address

**415 SOUTH FLORIDA BLANCA  
 PENSACOLA FL 32501**

2. Principal Place of Business

**200 E. Government St.**

Suite, Apt. #, etc.

**Suite 260**

City & State

**Pensacola, FL**

Zip

**32501**

Country

**Escambia**

3. Mailing Address

**200 E. Government St.**

Suite, Apt. #, etc.

**Suite 260**

City & State

**Pensacola, FL**

Zip

**32501**

Country

**Escambia**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3117828**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ADKISON, PATRICIA ANN**

**415 SOUTH FLORIDA BLANCA**

**PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

**Adkison, Patricia Ann**

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

**200 E. Government St.**

**Suite 260**

City

**Pensacola**

FL

Zip Code

**32501**

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

**Patricia Ann Adkison, President**

**4-4-02**

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 **P** ☐ Delete  
 NAME **ADKISON, PATRICIA ANN**  
 STREET ADDRESS **1147 HARRISON AVE.**  
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE **V** ☐ Delete  
 NAME **ADKISON, JOHN A.**  
 STREET ADDRESS **1147 HARRISON AVE**  
 CITY-ST-ZIP **GULF GREEZE FL**

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  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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 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:

**Patricia Ann Adkison, Pres.**

**4-4-02**

**850-432-1508**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)