

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V59930**

1. Entity Name

**STATEWIDE MORTGAGE, INC.****FILED****May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90305 050 \*\*\*150.00

Principal Place of Business

Mailing Address

**2471 MCMULLEN BOOTH RD.  
STE 5  
CLEARWATER FL 34619****2471 MCMULLEN BOOTH RD.  
STE 5  
CLEARWATER FL 33759-1010**

2. Principal Place of Business

**2560 Enterprise Rd. E.**

Suite, Apt. #, etc.

3. Mailing Address

**2560 Enterprise Rd. E.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Clearwater FL**City & State  
**Clearwater FL**4. FEI Number  
**59-3141498**Applied For  
Not ApplicableZip  
**33759**Country  
**US**Zip  
**33759**Country  
**US**5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNEDY, BRIAN  
2471 MCMULLEN BOOTH RD.  
STE 5  
CLEARWATER FL 34619**

Name

**Kennedy, Brian (ADDRESS CHANGE ONLY)**

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

**2560 Enterprise Rd. E.**

City

**Clearwater****FL**Zip Code  
**33759**

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 **Brian Kennedy**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MARVIN, TIMOTHY E.**  
STREET ADDRESS **960 LIVE OAK AVE.**  
CITY-ST-ZIP **ST PETERSBURG FL 33704**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **KENNEDY, BRIAN J.**  
STREET ADDRESS **11575 47TH AVE N**  
CITY-ST-ZIP **ST PETERSBURG FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **KENNEDY, BRIAN J.**  
STREET ADDRESS **11575 47TH AVE N**  
CITY-ST-ZIP **ST PETERSBURG FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **MARVIN, TIMOTHY E.**  
STREET ADDRESS **960 LIVE OAK AVE.**  
CITY-ST-ZIP **ST PETERSBURG FL 33704**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

**Brian J. Kennedy, V.P.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(727) 797-0300**  
Daytime Phone #