

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V59930****1. Entity Name**
STATEWIDE MORTGAGE, INC.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90013 014 ***150.00

Principal Place of Business**2560 ENTERPRISE RD. E.**
CLEARWATER FL 33759**Mailing Address****2560 ENTERPRISE RD. E.**
CLEARWATER FL 33759**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****4. FEI Number** **59-3141498**

Applied For

Not Applicable

Zip**Country****Zip****Country****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

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**

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 \$350.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MARVIN, TIMOTHY E.	960 LIVE OAK AVE.	ST PETERSBURG FL 33704	<input type="checkbox"/>
V	KENNEDY, BRIAN J.	11575 47TH AVE N	ST PETERSBURG FL	<input type="checkbox"/>
S	KENNEDY, BRIAN J.	11575 47TH AVE N	ST PETERSBURG FL	<input type="checkbox"/>
T	MARVIN, TIMOTHY E.	960 LIVE OAK AVE.	ST PETERSBURG FL 33704	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	TIM MARVIN	940 BOCA CIEGA ISLE	ST PETERS BEACH, FL 33706	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Brian Kennedy	11628 Harborside Cir	Largo, FL 33773	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Brian Kennedy	11628 Harborside Cir	Largo, FL 33773	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Kennedy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 **727 797 0300**

Date

Daytime Phone #

CR2E034 (10/00)