

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90430 025 ***150.00

DOCUMENT # 258024

1. Entity Name
SERVICE MORTGAGE AND INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

**51 WEST BAY STREET
 JACKSONVILLE FL 32202
 US**

**P.O. BOX 11007
 LAW DEPT.
 BIRMINGHAM AL 35288-0001
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1056724**

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

**BAKER, STEWART J
 51 WEST BAY STREET
 JACKSONVILLE FL 32202**

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, 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	PD	<input type="checkbox"/> Delete
NAME	KENDALL, VALERIE L	
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 3400	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAKER, STEWART J	
STREET ADDRESS	51 WEST BAY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	T	<input type="checkbox"/> Delete
NAME	KERN, LYNDA	
STREET ADDRESS	1901 6TH AVE. N.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, SARA H	
STREET ADDRESS	1901 6TH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORDAY, CARL L	
STREET ADDRESS	1901 6TH AVE. N.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE		<input type="checkbox"/> Delete

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANAHAN, MARTHA T.	
STREET ADDRESS	51 WEST BAY STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

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

MICHELLE A. BRIDGES

205-326-4942

Date

Daytime Phone #

CR2E034 (9/99)

4/27/00