

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90224 020 ***150.00

AV 6/7/00

DOCUMENT # P01000075691



1. Entity Name
AMERICA'S HOME MORTGAGE, INC.

Principal Place of Business
**3387 SHOAL LINE BLVD.
HERNANDO BEACH FL 34607**

Mailing Address
**3387 SHOAL LINE BLVD.
HERNANDO BEACH FL 34607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3734907**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TATEM, JAMES
4132 ORCHID DR
HERNANDO BEACH FL 34607**

Name **James C. Tatem**
Street Address (P.O. Box Number is Not Acceptable)
4132 Orchid Dr.
City **HERNANDO BEACH** FL Zip Code **34607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James C. Tatem*

1-8-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TATEM, JAMES C	
STREET ADDRESS	3387 SHOAL LINE BLVD.	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James C. Tatem* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 **352-592-1151**
Date Daytime Phone #

CR2E034 (10/02)