2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000114062

Entity Name: AMB HOME LOANS, INC.

FILED Apr 18, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

400 SUMMIT RIDGE PLACE 499 STATE ROAD 434 NORTH

200 2023

LONGWOOD, FL 32779 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

400 SUMMIT RIDGE PLACE 499 STATE ROAD 434 NORTH

2023

LONGWOOD, FL 32779 ALTAMONTE SPRINGS, FL 32714

FEI Number: 58-2664664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOTTOMS, JOHN E JR
400 SUMMIT RIDGE PLACE #200
499 STATE ROAD 434 NORTH

LONGWOOD, FL 32779 2023 ALTAMONTE SPRINGS, FL 32714

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: 04/18/2003

GNATURE: 04/18/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: BOTTOMS, JOHN E JR Name: BOTTOMS, JOHN E JR
Address: 400 SUMMIT RIDGE PLACE Address: 499 STATE ROAD 434 NORTH, #2023

City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32714

Title: VP () Delete Title: VP (X) Change () Addition

Name: BOTTOMS, VERONICA M Name: BOTTOMS, VERONICA M
Address: 400 SUMMIT RIDGE PLACE Address: 499 STATE ROAD 434 NORTH, #202:

Address: 400 SUMMIT RIDGE PLACE Address: 499 STATE ROAD 434 NORTH, #2023 City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA M BOTTOMS VP 04/18/2003