

2000 UNIFORM BUSINESS REPORT (UBR)

0567967

DOCUMENT # F94000002110

1. Entity Name

ALLIED MORTGAGE CAPITAL CORPORATION

FILED

00 MAR -2 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6110 PINEMONT
#215
HOUSTON TX 77092
US

PO BOX 691488
HOUSTON TX 77269-1488
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 76-0340141

Applied For
Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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 P
NAME HODGE, JAMEY
STREET ADDRESS 6110 PINEMONT #215
CITY-ST-ZIP HOUSTON TX 77092 ☒ Delete

TITLE PRESIDENT - CEO
NAME Jim C. HODGE
STREET ADDRESS 6110 Pinemont Dr, Suite 215
CITY-ST-ZIP Houston, TX 77092 ☐ Change ☒ Addition

TITLE S
NAME TAYLOR, MICHELE
STREET ADDRESS 6110 PINEMONT #215
CITY-ST-ZIP HOUSTON TX 77092 ☐ Delete

TITLE DIRECTOR
NAME Jamey Hodge
STREET ADDRESS 6110 Pinemont Dr, #215
CITY-ST-ZIP Houston, Texas 77092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 2000031698002 ☐ Change ☐ Addition
-03/14/00--01121--001
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 on supplemental reports is true and accurate and that my signature shall have the same legal effect as that of the officer or director of the corporation or the person authorized 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

Date

Daytime Phone #

William D. Warren - Compliance Officer 2/1/00 912 475 5580

CR2E034 (9/99)