FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90064 029 ***150.00

DOCUMENT # P96000027544

1. Entity Name
AMFED MORTGAGE CORPORTATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
420 E. HIGHWAY 434
Suite, Apt. #, etc.
SUITE C
City & State
LONGWOOD, FL
Zip 32750 Country USA

3. Mailing Address
420 E. HIGHWAY 434
Suite, Apt. #, etc.
SUITE C
City & State
LONGWOOD, FL
Zip 32750 Country USA

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4. FEI Number
393368462
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
JAMES PANDOLFI
Street Address (P.O. Box Number is Not Acceptable)
411 MONTICELLO DR
City ALTAMONTE SPRINGS FL Zip Code 32701

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)
4/29/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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

TITLE	P
NAME	PANDOLFI, JAMES
STREET ADDRESS	411 MONTICELLO DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	V
NAME	POLLAK, ALEXANDER
STREET ADDRESS	11 ESCANDIDO CIRCLE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	C
NAME	HENDRICKSON, COLLINS
STREET ADDRESS	1467 DEER LAKE CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES PANDOLFI
4/29/02 407-260-1010
Date Daytime Phone #