

**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 CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

420 E. HIGHWAY 434

3. Mailing Address

420 E. HIGHWAY 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

SUITE C

City & State

City & State

LONGWOOD, FL

LONGWOOD, FL

Zip

Country

Zip

Country

32750

USA

32750

USA

4. FEI Number

393368462

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

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)

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 \$850.00

Amended UBR is \$81.25

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

4/29/02 407-260-1810

Date

Daytime Phone #