## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 1. Entity Name

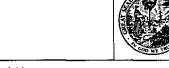
Principal Place of Business

8910 N. DALE MABRY

STE 29

694190

ALLSALES MORTGAGE CORPORATION



Mailing Address

STE 29 TAMPA EL 33614

8910 N. DALE MABRY

TAMPA FL 33614		TAMPA FL 33614				
2. Principal Place of Business		3. Mailing Address			8   <b>3</b>      6	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2636450	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Register	ed Agent	
	<u> </u>		Name			
FARR, JAMES			0: 1411			
1502 W. FLETCHER AVE.			Street Addre	ss (P.O. Box Number is Not Acceptable)		
#101						
TAMPA FL 33612			<u>.</u> .			
12511 2 1 1	L 30012		City	5	FL Zip Code	
the obligation	tions of registered agent.		its registered office of regi	stered agent, or both, in the State of Florida.		
					<u> </u>	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	II.		<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be Added to Fees	
10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	LUCAS, ALAN L.		NAME			
STREET ADDRESS	16408 E. COURSE DR.		STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624	******	CITY-ST-ZIP			
TITLE		Delete *	TITLE		☐ Change ☐ Addition	
NAME	•		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME	1		NAME			

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

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Delete

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

NAME

**FILED** 

Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90175 036 \*\*\*150.00

☐ Change

□ Change

☐ Change

☐ Addition

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