

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001835

1. Entity Name

AF Mortgage Corporation



**FILED**  
03 SEP 19 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2727 Paces Ferry Road

3. Mailing Address

2727 Paces Ferry Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

One Paces West, Suite 1800

One Paces West Suite 1800

City & State

City & State

Atlanta GA

Atlanta, GA

Zip 30339

Country USA

Zip 30339

Country USA

4. FEI Number

572504263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

000023214460

09/19/03--01087--007 \*\*550.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME Rick A. Krogh  
STREET ADDRESS 2727 Paces Ferry Rd, Suite 1800  
CITY-ST-ZIP Atlanta, GA 30339

TITLE VP  
NAME Charles R. Krogh  
STREET ADDRESS 2727 Paces Ferry Rd, Suite 1800  
CITY-ST-ZIP Atlanta, GA 30339

TITLE VP/SECR  
NAME Kinley G. Shell  
STREET ADDRESS 2727 Paces Ferry Rd, Suite 1800  
CITY-ST-ZIP Atlanta, GA 30339

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kinley G. Shell

9/18/03

Date

770-426-5626

Daytime Phone #

CR2E034B (12/02)