

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000004982

FILED
Feb 04, 2003
Secretary of State

Entity Name: AMERICAP MORTGAGE CORPORATION

Current Principal Place of Business:

1979 LAKESIDE PARKWAY
STE 450
TUCKER, GA 30084

New Principal Place of Business:

Current Mailing Address:

1979 LAKESIDE PARKWAY
STE 450
TUCKER, GA 30084

New Mailing Address:

FEI Number: 58-2440217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, NORMA
1225 EPSON OAKS WAY
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, CAROL T
Address: 3300 BUCKEYE RD, STE 401
City-St-Zip: ATLANTA, GA

Title: V () Delete
Name: WHITE, GIBSON
Address: 3300 BUCKEYE RD, STE 401
City-St-Zip: ATLANTA, GA

Title: S () Delete
Name: WILSON, CAROL T
Address: 3300 BUCKEYE RD, STE 401
City-St-Zip: ATLANTA, GA

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, CAROL T
Address: 1979 LAKESIDE PKWY, STE 450
City-St-Zip: TUCKER, GA 30084

Title: V (X) Change () Addition
Name: WHITE, GIBSON
Address: 1979 LAKESIDE PKWY, STE 450
City-St-Zip: TUCKER, GA 30084

Title: S (X) Change () Addition
Name: WILSON, CAROL T
Address: 1979 LAKESIDE PKWY, STE 450
City-St-Zip: ATLANTA, GA 30084

Title: O () Change (X) Addition
Name: WILSON, HERMAN
Address: 1979 LAKESIDE PKWY, STE 450
City-St-Zip: TUCKER, GA 30084

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL T WILSON

P

02/04/2003

Electronic Signature of Signing Officer or Director

Date