

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000005204**

1. Entity Name
ACHIEVABLE MORTGAGE & FINANCIAL SOLUTIONS, INC.

Principal Place of Business

**3631 HWY 90 STE C
PACE FL 32571**

Mailing Address

**PO BOX 788
MILTON FL 32572**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1279561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRASWELL, RONALD E
3631 HWY 90 STE C
PACE FL 32571**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!! FEE IS \$15.00
After May 1, 2002 Fee will be \$25.00
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	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
	PS/D			
	BRASWELL, RONALD E			
	PO BOX 788			
	MILTON FL			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE: *Ronald E. Braswell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 850-995-9995

Date

Daytime Phone

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90695 041 ***150.00



DO NOT WRITE IN THIS SPACE

CH2024 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 3, 2002

ACHIEVABLE MORTGAGE & FINANCIAL SOLUTIONS, INC.
PO BOX 788
MILTON, FL 32572

Subject: ACHIEVABLE MORTGAGE & FINANCIAL SOLUTIONS, INC.

Reference Number: **F01000005204**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AA
ANNUAL REPORTS SECTION

Attachment
F01000005204/
QUARTERLY REPORT - LIST OF REPORTED PERSONS
ASSOCIATES AND/OR LOAN ORIGINATORS

869210

Business FEID No. 63-1279561	Business Audit Number:	For Quarter Ending: 3/31/02
Licensee Name: Achievable Mortgage & Financial Solutions, Inc.		

Check one box: ☒ New Filing (to add a new person) ☐ Update to Previous Filing (to update a person previously reported)

SOCIAL SECURITY #	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (jr, Sr, etc.)	DATE OF BIRTH
265-17-9779	Houston	Sam			9/6/53
BRANCH # (for office of employment address)	TYPE (check one only)	MB AUDIT # (found on the MB license)	HIRE DATE (mm-dd-yyyy)	TERM DATE (mm-dd-yyyy)	
	<input type="checkbox"/> Associate <input checked="" type="checkbox"/> Loan Originator		2/15/02		
RESIDENTIAL ADDRESS (required only for Loan Originators)		CITY	STATE	ZIP	
6400 Long Street # 23		Pensacola	FL	32504	

Check one box: ☒ New Filing (to add a new person) ☐ Update to Previous Filing (to update a person previously reported)

SOCIAL SECURITY #	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (jr, Sr, etc.)	DATE OF BIRTH
405-96-9747	McClelland	Veta			12/15/73
BRANCH # (for office of employment address)	TYPE (check one only)	MB AUDIT # (found on the MB license)	HIRE DATE (mm-dd-yyyy)	TERM DATE (mm-dd-yyyy)	
	<input type="checkbox"/> Associate <input checked="" type="checkbox"/> Loan Originator		2/27/02		
RESIDENTIAL ADDRESS (required only for Loan Originators)		CITY	STATE	ZIP	
8207 McCoy Road		Baker	FL	32531	

Check one box: ☒ New Filing (to add a new person) ☐ Update to Previous Filing (to update a person previously reported)

SOCIAL SECURITY #	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (jr, Sr, etc.)	DATE OF BIRTH
418-58-2735	Hogue	Ronald	Loyle		8/19/44
BRANCH # (for office of employment address)	TYPE (check one only)	MB AUDIT # (found on the MB license)	HIRE DATE (mm-dd-yyyy)	TERM DATE (mm-dd-yyyy)	
	<input type="checkbox"/> Associate <input checked="" type="checkbox"/> Loan Originator		1/15/02		
RESIDENTIAL ADDRESS (required only for Loan Originators)		CITY	STATE	ZIP	
134 Meadow View Drive		Cullman	AL	35055	

Check one box: ☐ New Filing (to add a new person) ☐ Update to Previous Filing (to update a person previously reported)

SOCIAL SECURITY #	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (jr, Sr, etc.)	DATE OF BIRTH
BRANCH # (for office of employment address)	TYPE (check one only)	MB AUDIT # (found on the MB license)	HIRE DATE (mm-dd-yyyy)	TERM DATE (mm-dd-yyyy)	
	<input type="checkbox"/> Associate <input type="checkbox"/> Loan Originator				
RESIDENTIAL ADDRESS (required only for Loan Originators)		CITY	STATE	ZIP	

Attachment

FOI000005204/

869210

FLORIDA DEPARTMENT OF BANKING AND FINANCE
DIVISION OF SECURITIES AND FINANCE

QUARTERLY REPORT - TRANSMITTAL FORM
PURSUANT TO CHAPTER 494, FLORIDA STATUTES

FOR QUARTER ENDING: (LAST DAY OF CALENDAR QUARTER)	
3/31/02	
BUSINESS LICENSING INFORMATION	
FEDERAL EMPLOYMENT ID NUMBER:	BUSINESS AUDIT NUMBER:
63-1279561	
LICENSEE NAME	
Achievagle Mortgage & Financial Solutions, Inc.	
QUARTERLY REPORT CONTACT INFORMATION	
COMPLETE NAME OF CONTACT PERSON:	
Ronald E. Braswell	
PHONE NUMBER:	E-MAIL ADDRESS:
850-995-5995	
LIST OF REPORTED PERSONS: ASSOCIATES AND/OR LOAN ORIGINATORS	
FOR YOUR INITIAL REPORT, COMPLETE THE LIST. IMPORTANT: A MORTGAGE BROKER BUSINESS, EVEN A SOLE PROPRIETOR, MUST HAVE AT LEAST ONE ASSOCIATE TO REPORT. THE MORTGAGE BROKER, ALLEGEDLY MUST HAVE AT LEAST ONE LOAN ORIGINATOR OR ASSOCIATE TO REPORT. LIST THE PERSONS ONLY SERVICING LOANS AND DOES NOT ORIGINATE THEM.	
AFTER YOUR INITIAL REPORT, NO FURTHER QUARTERLY REPORTS ARE REQUIRED UNLESS YOU HAVE A CHANGE OR CORRECTION TO MAKE IN REPORTED PERSONS.	
CHECK BOX IF SERVICING LOANS ONLY AND THEREFORE HAVE NO LOAN ORIGINATORS: <input type="checkbox"/>	

THIS REPORT IS REQUIRED PURSUANT TO SUBSECTIONS 494.004(6) AND 494.0067(9),
FLORIDA STATUTES. EACH QUARTERLY REPORT IS DUE WITHIN 30 DAYS AFTER THE
LAST DAY OF EACH CALENDAR QUARTER.

FAILURE TO FILE A REPORT BY THE DEADLINE WILL BE CONSIDERED A VIOLATION OF
FLORIDA LAW AND MAY SUBJECT THE LICENSEE TO ADMINISTRATIVE SANCTIONS.

TO FILE YOUR REPORT ELECTRONICALLY, VISIT OUR WEBSITE AT
WWW.DBF.STATE.FL.US/LICENSING FOR FILING INSTRUCTIONS AND FURTHER
INFORMATION.

TO FILE MANUALLY, YOUR REPORT MUST BE TYPED. A HAND-WRITTEN REPORT WILL
NOT BE ACCEPTED. MAIL YOUR COMPLETED QUARTERLY REPORT TO:

DEPARTMENT OF BANKING AND FINANCE
DIVISION OF SECURITIES AND FINANCE
101 E. GAINES STREET
TALLAHASSEE, FL 32399-0350