

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90040 047 ***150.00

0664061 AR

DOCUMENT # F01000006035

1. Entity Name

AFFINITY MORTGAGE AND INVESTMENT COMPANY



Principal Place of Business

224 STEPHENSON AVE
STE C
SAVANNAH GA 31405
US

Mailing Address

224 STEPHENSON AVE
STE C
SAVANNAH GA 31405
US

2. Principal Place of Business

1466 Clyo Shawnee Rd
Suite, Apt. #, etc.

3. Mailing Address

1466 Clyo Shawnee Rd
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State Clyo GA	City & State Clyo GA	4. FEI Number 58-2505133	Applied For <input type="checkbox"/> Not Applicable
Zip 31303	Country E. Fingher	Zip 31303	Country E. Fingher
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent GOTTLIEB & GOTTLIEB PA 2475 ENTERPRISE RD STE 100 CLEARWATER FL 33763	7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE *[Signature]* DATE *4/10/03*
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST: JOSEPH, SAMANTHA 224 STEPHENSON AVE STE C SAVANNAH GA 31405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *[Signature]* DATE *4/10/03* 912 754 1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)