

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90032 029 ***150.00

DOCUMENT # F94000004204

1. Entity Name
AMERIQUEST MORTGAGE COMPANY

Principal Place of Business 1100 TOWN AND COUNTRY ROAD 11TH FLOOR ORANGE CA 92868 US	Mailing Address 1100 TOWN AND COUNTRY ROAD 11TH FLOOR ORANGE CA 92868 US
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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 **33-0621598** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) **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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANGS, KIRK	NAME			
STREET ADDRESS	1100 TOWN AND COUNTRY RD, 11TH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	ORANGE CA 92868	CITY-ST-ZIP			
TITLE	EV <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, WAYNE	NAME			
STREET ADDRESS	1100 TOWN & COUNTRY RD, 11TH FL	STREET ADDRESS			
CITY-ST-ZIP	ORANGE CA 92868	CITY-ST-ZIP			
TITLE	S- <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GINSBERG, GEORGE S	NAME			
STREET ADDRESS	1100 TOWN & COUNTRY RD, 11TH FL	STREET ADDRESS			
CITY-ST-ZIP	ORANGE CA 92868	CITY-ST-ZIP			
TITLE	CFOE <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAZER, JOHN P	NAME			
STREET ADDRESS	1100 TOWN & COUNTRY RD, 11TH FL	STREET ADDRESS			
CITY-ST-ZIP	ORANGE CA 92868	CITY-ST-ZIP			
TITLE	C <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PROUGH, STEVE	NAME			
STREET ADDRESS	1100 TOWN & COUNTRY RD, 11TH FL	STREET ADDRESS			
CITY-ST-ZIP	ORANGE CA 92868	CITY-ST-ZIP			
TITLE	EV <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASS, ADAM	NAME			
STREET ADDRESS	1100 TOWN & COUNTRY RD 11TH FL	STREET ADDRESS			
CITY-ST-ZIP	ORANGE CA 92868	CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Del Dillingham* **Del Dillingham** **Assistant Secretary** **1/14/02** **714-541-9960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)