

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004607

1. Entity Name

AMERICA'S CHOICE MORTGAGE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 PM 12:09

Principal Place of Business

2848 WASHINGTON ROAD
AUGUSTA GA 30909

Mailing Address

2848 WASHINGTON ROAD
AUGUSTA GA 30907-1463

2. Principal Place of Business

4210 Columbia Rd

Suite, Apt. #, etc.

Suite 5A

3. Mailing Address

4210 Columbia Road

Suite, Apt. #, etc.

Suite 5A

City & State

Augusta Georgia

City & State

Augusta Georgia

Zip

30907

Country

Columbia

Zip

30907

Country

Columbia

4. FEI Number

58-2363938

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLAR, JORGE
4517 GEORGE ROAD
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Jim Benton

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

263 Allens Ridge Drive EAST

City

Palm Harbor

FL

Zip Code

34683

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 title if applicable.

(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, 2000 Fee will be \$550.00
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	CP	<input type="checkbox"/> Delete
NAME	YOUNG, JAMES C	
STREET ADDRESS	4018 BLACKSTORE CAMP RD	
CITY-ST-ZIP	MARTINEZ GA 30907	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, ROSE Y	
STREET ADDRESS	4018 BLACKSTORE CAMP RD	
CITY-ST-ZIP	MARTINEZ GA 30907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

400003391354
-09/13/00--01046--004
****550.00 ****550.00

8/9/13

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:

Rose Y. Young

8-10-00

706 869-8059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)