

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002864

1. Entity Name
AMERITRUST MORTGAGE CORPORATION

Principal Place of Business
4801 E INDEPENDENCE BLVD
STE 310
CHARLOTTE NC 28212

Mailing Address
4801 E INDEPENDENCE BLVD
STE 310
CHARLOTTE NC 28212

2. Principal Place of Business

4801 E Independence Blvd

Suite, Apt. #, etc.

Ste 1110

City & State
Charlotte NC

Zip
28212

3. Mailing Address

4801 E Independence Blvd

Suite, Apt. #, etc.

Ste 1110

City & State
Charlotte N.C.

Zip
28212

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90238 011 ***558.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1911958

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, GEORGE W III ESQ
1325 S CONGRESS AVE
STE 104
BOYNTON BEACH FL 33428

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 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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-ST-ZIP	CP OWENS, JOHN J 4400 SHANNAMARA DR MATTHEWS NC 28212	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP OWENS, STEPHANIE R 4400 SHANNAMARA DR MATTHEWS NC 28212	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OWENS, STEPHANIE R 4400 SHANNAMARA DR MATTHEWS NC 28212	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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)(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: *Matthews, George W III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/01 704 568 1020
Date Daytime Phone #

0106962 AT

CR2E034 (5/01)