

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90025 008 ***150.00

DOCUMENT # K81002

1. Entity Name

ABSOLUTE MORTGAGE CO.

Principal Place of Business

Mailing Address

3621 PARK ST NORTH
ST PETERSBURG FL 337103621 PARK ST NORTH
ST PETERSBURG FL 33707-1340
US

2. Principal Place of Business

3. Mailing Address

6727 1st AVE. So. #106
Suite, Apt. #, etc.6727 1st AVE. So.
Suite, Apt. #, etc.ST. Petersburg, FL
City & StateSuite 106
ST. Petersburg FL
City & StateZip
33707Country
USAZip
33707Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2947995

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULER, TIMOTHY C.
11290 78TH AVENUE NORTH, SUITE 200
SEMINOLE FL 34642

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
VENUTI, DIANE M
3621 PARK ST NORTH
ST PETERSBURG FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Diane M. Venuti
6727 1st AVE. So. Suite 106
ST. Petersburg, FL 33707 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 727-384-5626

CR2E034 (9/99)