

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004401

1. Entity Name

ABOUTYOURMORTGAGE.COM SERVICES, LLC

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90003 002 ****50.00

Principal Place of Business

5129 CASTELLO DRIVE, SUITE 1
 NAPLES FL 34103

Mailing Address

5129 CASTELLO DRIVE, SUITE 1
 NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOLLMAN, EDWARD E
 5129 CASTELLO DRIVE, SUITE 1
 NAPLES FL 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, TIMOTHY D 834 COLDSTREAM COURT NAPLES FL 34104	<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	MGRM WOLLMAN, EDWARD E 5129 CASTELLO DRIVE, SUITE 1 NAPLES FL 34103	<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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/17/02 435-1533

CR2E083 (4/02)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Attachment**
Application for Employer Identification Number(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)	About Your Mortgage.com Services, LLC	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.)	5a Business address (if different from address on lines 4a and 4b)	
5129 Castello Drive, #1		
4b City, state, and ZIP code	5b City, state, and ZIP code	
Naples, FL		
6 County and state where principal business is located		
Collier, Florida		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►	Edward E. Wollman, SS #149-46-3954	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

Florida

Foreign country

9 Reason for applying (Check only one box.) (see instructions)☒ Started new business (specify type) ► Internet mortgage business☐ Banking purpose (specify purpose) ►
☐ Changed type of organization (specify new type) ►
☐ Purchased going business
☐ Created a trust (specify type) ►
☐ Other (specify) ►**10** Date business started or acquired (month, day, year) (see instructions)**11** Closing month of accounting year (see instructions)

December

12 First date wages or annuities were paid or will be paid (month, day, year) (Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).)

N/A

13 Highest number of employees expected in the next 12 months (Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions))

Nonagricultural

Agricultural

Household

-0-

-0-

-0-

14 Principal activity (see instructions) ► Mortgage Internet business**15** Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►☐ Yes☒ No**16** To whom are most of the products or services sold? Please check one box.☒ Public (retail)☐ Other (specify) ►☐ Business (wholesale)**17a** Has the applicant ever applied for an employer identification number for this or any other business? (Note: If "Yes," please complete lines 17b and 17c.)☐ Yes☒ No**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(239) 435-1533

Fax telephone number (include area code)

(239) 435-1433

Name and title (Please type or print clearly.) ► Edward E. Wollman, Member Mgr.

Signature ► [Signature] Date ► 9-24-02

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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