

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001738

1. Entity Name

ACCREDITED FINANCIAL MORTGAGE SERVICES, L.L.C.

FILED

00 APR 12 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4101 A NEPTUNE RD. ST. CLOUD FL 34769	4101 A NEPTUNE RD. ST. CLOUD FL 34769-6741

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3535784	Not Applicable

5. Certificate of Status Desired	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
BOYLE, GERALDINE A 1445 WOOD LAKE CIRCLE ST. CLOUD FL 34772

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 \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BOYLE, STEPHEN P 2139-HIGHWAY-35 HOLMDEL NJ 07733-9920
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	000003224270--3 -04/26/00--01018--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Stephen P Boyle

3-7-00

Date

732-264-3500

Daytime Phone #

CR2E083 (9/99)