

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031223 AF

DOCUMENT # M00000001109

1. Entity Name

ABSOLUTE WHOLESAL MORTGAGE, LLC

FILED

01 APR -3 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

906 10TH AVENUE  
SAN DIEGO CA 92101

Mailing Address

906 10TH AVENUE  
SAN DIEGO CA 92101

2. Principal Place of Business

350 Ward Ave

3. Mailing Address

350 Ward Ave

Suite, Apt. #, etc.

106-317

Suite, Apt. #, etc.

106317

City & State

Honolulu Hawaii

City & State

Honolulu Hawaii

Zip

96814

Country

Oahu

Zip

96814

Country

Oahu

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

T. Aaron Dyer

T. Aaron Dyer

3/30/01

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

100003994501-8  
-04/12/01--01073--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME DYER, T. AARON  
STREET ADDRESS 350 WARD AVENUE, SUITE 106-317  
CITY-ST-ZIP HONOLULU HI 96814 ☐ Delete

TITLE MGR  
NAME FIELD, MICHAEL  
STREET ADDRESS 2129 31ST STREET  
CITY-ST-ZIP SAN DIEGO CA 92104 ☐ Delete

TITLE MGR  
NAME EHLERT, MARTIN  
STREET ADDRESS 906 10TH AVENUE  
CITY-ST-ZIP SAN DIEGO CA 92101 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

T. Aaron Dyer

3/30/01

949-632-5223

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

Date

Daytime Phone #

CR2E083 (11/00)