

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90323 026 ***150.00

DOCUMENT # M66382

1. Entity Name
ADAPTABLE MORTGAGE CENTER, INC.



Principal Place of Business
**1904 W. COLONIAL BLVD.
ORLANDO FL 32804-7014
US**

Mailing Address
**1904 W. COLONIAL BLVD.
ORLANDO FL 32804-7014
US**

2. Principal Place of Business

3. Mailing Address

1812 W. Colonial Drive
Suite, Apt. #, etc.

1812 W. Colonial Drive
Suite, Apt. #, etc.

City & State
Orlando FL 32804

City & State
Orlando FL 32804

Zip Country
32804 Orange

Zip Country
32804 Orange

4. FEI Number **59-2869094**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANDOLFI, JAMES V.
411 MONTICELLO
ALTAMONTE SPRINGS FL 32701**

Name
Alexander Pollak
Street Address (P.O. Box Number is Not Acceptable)
11 Escondido Circle #103
Altamonte Springs, FL 32701
City Zip Code
FL

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.

Alexander Pollak

4/24/03

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PANDOLFI, JAMES V.**
STREET ADDRESS **411 MONTICELLO**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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

TITLE **VP** ☐ Delete
NAME **POLLAK, ALEXANDER**
STREET ADDRESS **11 ESCONDIDO CIR., #103**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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 #

4-24-03 / 407-698-1986

CR2E034 (10/02)