2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # N96000004925 1. Entity Name î JACKSONVILLE AFFORDABLE MORTGAGES, INC. 04-28-2001 90022 009 ****70.00 Mailing Address Principal Place of Business 4401 EMERSON STREET 4401 EMERSON STREET SUITE 1 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3411330 Not Applicable \$8.75 Additional Country Zip ___ _Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ETTLINGER, CAROLYN W 4401 EMERSON STREET SUITE 1 Zip Code City JACKSONVILLE FL 32207 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, type Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: **Department of State** Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TD 🔀 Delete TITLE TITLE Michael Dudos LEMMON, THOMAS NAME NAME WIIN. Gazebo ParkPL. STREET ADDRESS STREET ADDRESS 9000 SOUTHSIDE BLVD Jacksonville FL 32257 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 **M** Addition TITI F ☐ Change SD Delete TITLE Walter Williams NAME CLEVELAND, HOLLY NAME 445 State Rd 13, Ste 6=B= STREET ADDRESS STREET ADDRESS 225 WATER ST-FL-0490~ CITY-ST-ZIP 3225 9 City-ST-7IP JACKSONVILLE FL 32202 Jacksonville FL Addition Addition TITLE ۷D Change Delete VD TITLE BROWN, DOUG NAME Bill Schou NAME 1301 Riverplace Blud, Sto 1500 STREET ADDRESS STREET ADDRESS 50 N LAURA ST 9TH FL CITY-ST-7IP CITY-ST-7IP JACKSONVILLE FL 32202-3638 Jacksonville FL 32207 ☐ Change Addition Addition ☐ Delete TITLE ETTLINGER, CAROLYN W NAME NAME Dwaine Stevens STREET ADDRESS STREET ADDRESS 4401 EMERSON STREET, SUITE 1 9786 Beaver St. Jacksonville FL CITY-ST-ZIP CITY-ST-ZIP 32220 JAÇKSONVILLE FL 32207 Change ☐ Addition TITLE Delete BLACK, NELSON NAME NAME STREET ADDRESS STREET ADDRESS 225 WATER ST 8TH FL CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32202 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplier ental 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 peport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attacho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 304-2

FILED