

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004925

1. Entity Name

JACKSONVILLE AFFORDABLE MORTGAGES, INC.

FILED

May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90840 001 \*\*\*\*\*8.75

05-12-2002 90840 002 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

4401 EMERSON STREET  
SUITE 1  
JACKSONVILLE FL 32207

4401 EMERSON STREET  
SUITE 1  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3411330

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ETTLINGER, CAROLYN W  
4401 EMERSON STREET  
SUITE 1  
JACKSONVILLE FL 32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Add ☐ Delete  
NAME DUCLOS, MICHAEL  
STREET ADDRESS 6111 N GAZEBO PARK PL  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☒ Addition  
NAME Tripp Gulliford  
STREET ADDRESS 121 W. Forsyth St., Ste 200  
CITY-ST-ZIP Jacksonville FL 32202

TITLE ☒ Add ☐ Delete  
NAME WILLIAMS, WALTER  
STREET ADDRESS 445 STATE RD 13, STE 6-B  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Change ☒ Addition  
NAME Jeff Stiles  
STREET ADDRESS 8001 Baymeadows Way  
CITY-ST-ZIP Jacksonville FL 32256

TITLE ☒ Add ☐ Delete  
NAME SCHAU, BILL  
STREET ADDRESS 1301 RIVERPLACE BLVD STE 1500  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☒ Add ☐ Delete  
NAME ETTLINGER, CAROLYN W  
STREET ADDRESS 4401 EMERSON STREET, SUITE 1  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☒ Add ☐ Delete  
NAME STEVENS, DWAIN  
STREET ADDRESS 9786 BEAVER ST  
CITY-ST-ZIP JACKSONVILLE FL 32220

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

TITLE ☐ Add ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 617, 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 #

4/04/02 (904) 3984424

CR2E037 (9/01)