

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000004925

FILED
Apr 24, 2003
Secretary of State

Entity Name: JACKSONVILLE AFFORDABLE MORTGAGES, INC.

Current Principal Place of Business:

4401 EMERSON STREET
SUITE 1
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4401 EMERSON STREET
SUITE 1
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3411330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DUCLOS, MICHAEL
Address: 6111 N GAZEBO PARK PL
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD () Delete
Name: WILLIAMS, WALTER
Address: 445 STATE RD 13, STE 6-B
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD () Delete
Name: SCHEU, BILL
Address: 1301 RIVERPLACE BLVD STE 1500
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: GULLIFORD, TRIPP
Address: 121 W FORSYTH ST STE 200
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete
Name: STEVENS, DWAIN
Address: 9786 BEAVER ST
City-St-Zip: JACKSONVILLE, FL 32220

Title: D () Delete
Name: STILES, JEFF
Address: 8001 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BISHOP, BEN
Address: 1855 WELLS RE, SUITE1
City-St-Zip: ORANGE PARK, FL 32073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GULLIFORD, TRIPP
Address: 121 W FORSYTH ST STE 200
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN BISHOP

PD

04/24/2003

Electronic Signature of Signing Officer or Director

Date

MICHELLE O'ROURKE, DIRECTOR
9428 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256