FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90120 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000020280

1. Entity Name

Allied Mortgage Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17445 US Highway 192	
Suite, Apt. #, etc. Suite 6	Suite, Apt. #, etc.
City & State Clermont, FL	City & State Same
Zip 34711 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3629430 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera PA

Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Ave

City Coral Gables FL Zip Code 33134

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Secretary Kathleen E Young 17445 US Highway 192, Suite 6 Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Treasurer Dennis G. Young 17445 US Highway 192, Suite 6 Clermont, FL 34711
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen E Young Kathleen E Young 4-17-2002 352-241-8274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #