

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90228 012 \*\*\*158.75

**DOCUMENT # P00000028755**

1. Entity Name  
**ACTIVE MORTGAGE CORP. OF CENTRAL FLORIDA**

Principal Place of Business

**360 WILSHIRE BLVD**

**#120**

**CASSELBERRY FL 32707**

Mailing Address

**360 WILSHIRE BLVD**

**#120**

**CASSELBERRY FL 32707**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CIOTTI, MICHAEL**  
**4164 LEAFY GLADE PL**  
**CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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



**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **CIOTTI, MICHAEL**  
 STREET ADDRESS **4164 LEAFY GLADE PL**  
 CITY-ST-ZIP **CASSELBERRY F; 2**

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

TITLE **S** ☐ Delete  
 NAME **MUGELE, MICHAEL**  
 STREET ADDRESS **4014 BRADLEY AVE**  
 CITY-ST-ZIP **ORLANDO FL 32709**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED CIOTTI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-02

407 260 8020

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
#P00000028755

974239

# **Acme Mortgage Corp. of Central Florida**

Division of Corporations  
Uniform Business Report Filings  
Po Box 1500  
Tallahassee Fl 32302

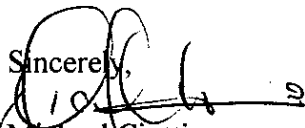
8/15/02

Dear Sirs:

Please be advised pursuant of the UBR instructions, the Corporation did not received the prior notice.

Please waive the late fee. We shall keep a copy of this form for possible future use & our address has never changed.

Thank You,

Sincerely,  
  
Michael Ciotti  
President