

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90141 026 ***150.00

DOCUMENT # P00000035427

1. Entity Name

A1A MORTGAGE CENTER, INC.



Principal Place of Business

200 SOUTH A1A, UNIT 4
FLAGLER BEACH FL 32136

Mailing Address

1743 WIND SONG CIRCLE
FLAGLER BEACH FL 32136

2. Principal Place of Business

3. Mailing Address

300 A1A S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 4

City & State

City & State

Flagler Beach FL

Zip

Country

Zip

32136

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3635272

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

CLEMONS, MARY R
1743 WIND SONG CIRCLE
FLAGLER BEACH FL 32136

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CLEMONS, MARY R
STREET ADDRESS 1743 WINDSONG CIRCLE
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 312 N. 12th Street
CITY-ST-ZIP Flagler Beach, FL 32136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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: *Mary R Clemons*

SIGNATURE REQUIRED. CLEMONS x 1/22/03 x 386-517-1477

Date

Daytime Phone #

CR2E034 (10/02)