

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90099 047 \*\*\*150.00

**DOCUMENT # P00000049342**

1. Entity Name  
**AAWCO MORTGAGE CORPORATION**

Principal Place of Business  
**915 NE 24TH ST.  
 GAINESVILLE FL 32601**

Mailing Address  
**PO BOX 458  
 ORANGE PARK FL 32067**

2. Principal Place of Business  
**34 Pine Course**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 458**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Ocala, FL. 34472**  
 Zip Country  
**Marion**

City & State  
**Orange Park, FL. 32067**  
 Zip Country  
**Clay**

4. FEI Number  
**59-3648877**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KING, BEVERLY A  
 3501 NE 10TH ST, STE 114  
 Ocala FL 34470**

**7. Name and Address of New Registered Agent**

Name  
**W. H. KING**

Street Address (P.O. Box Number is Not Acceptable)  
**34 Pine Course**

City - **Ocala** **FL** Zip Code **34472**

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 William H. King William H. King 4-27-01  
Signature, typed or printed name of registered agent and fee 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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

TITLE **D** ☒ Delete  
 NAME **KING, BEVERLY A**  
 STREET ADDRESS **3501 NE 10TH ST, STE 114**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **President** ☒ Change ☐ Addition  
 NAME **W. H. KING**  
 STREET ADDRESS **34 Pine Course**  
 CITY-ST-ZIP **Ocala, FL. 34472**

TITLE **Director** ☒ Change ☐ Addition  
 NAME **W. H. KING**  
 STREET ADDRESS **34 Pine Course**  
 CITY-ST-ZIP **Ocala, FL. 34472**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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: William H. King William H. King 4-27-01 352-261-1394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0449671

CR2E034 (10/00)