

2002 UNIFORM BUSINESS REPORT (UBR)

039036 AV

DOCUMENT # P00000095424

1. Entity Name
AMITY MORTGAGE CORP

FILED

02 MAY -7 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
521 LAKE AVE, SUITE 4
LAKE WORTH FL 33460

Mailing Address
P O BOX 744
LAKE WORTH FL 33460

2. Principal Place of Business
28 SWALLOW DR.

3. Mailing Address
PO BOX 24-3936

City & State
BOYNTON BCH, FL

City & State
BOYNTON BCH, FL

Zip
33436

Country
USA

Zip
33436

Country
USA

4. FEI Number 22-3757925

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOVELL, RONALD
521 LAKE AVE, SUITE 4
LAKE WORTH FL 33460

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.

SIGNATURE _____ (NOTE: Registered Agent's 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, 2002 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
NAME LOVELL, RONALD
STREET ADDRESS 521 LAKE AVE, SUITE 4
CITY-ST-ZIP LAKE WORTH FL 33460 ☒ Delete

TITLE D
NAME LOVELL, DANIELLE
STREET ADDRESS 521 LAKE AVE, SUITE 4
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME LOVELL, DANIELLE
STREET ADDRESS 28 SWALLOW DR.
CITY-ST-ZIP BOYNTON BCH, FL 33436 ☒ Change ☐ Addition

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

TITLE
NAME 100005491171-3
STREET ADDRESS -05/08/02--01021--004
CITY-ST-ZIP *****150.00 *****150.00 ☐ Change ☐ Addition

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

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

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:

Danielle Lovell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01 (561) 966-4810
Date Daytime Phone #

CR2E034 (9/01)