

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91909 003 ***150.00

044661 AV

DOCUMENT # P01000028012

1. Entity Name
AMERICAN FAMILY HOME MORTGAGE CORPORATION



Principal Place of Business
**19804 WYNDHAM LAKES DR
ODESSA FL 33556**

Mailing Address
**19804 WYNDHAM LAKES DR
ODESSA FL 33556**

2. Principal Place of Business
1628 Dale Mabray Hwy

3. Mailing Address
1628 Dale Mabray Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 103

Ste 103

City & State

City & State

Lutz FL

Lutz FL

Zip
33549

Country
USA

Zip
33549

Country
USA

4. FEI Number **59-3704652**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANLEY, MICHAEL A
19804 WYNDHAM LAKES DR
ODESSA FL 33556**

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]

(NOTE: Registered Agent signature required when reinstating)

2/3/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MANLEY, MICHAEL A
19804 WYNDHAM LAKES DR
ODESSA FL 33556**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

DATE

Daytime Phone #

CR2E034 (10/02)