

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90137 034 ***158.75

200049 AV

DOCUMENT # P01000034959

1. Entity Name

ATTORNEYS' MORTGAGE SERVICES, INC.

Principal Place of Business

3511 NE 22ND AVE.
FT. LAUDERDALE FL 33308

Mailing Address

3511 NE 22ND AVE.
FT. LAUDERDALE FL 33308

2. Principal Place of Business

6545 Corporate Centre Blvd

Suite, Apt. #, etc.

201

City & State

Orlando, FL

Zip

32822

Country

U.S.A.
Orange

3. Mailing Address

6545 Corporate Centre Blvd

Suite, Apt. #, etc.

201

City & State

Orlando, FL

Zip

32822

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

651107230

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUDD, JAMES D

3511 NE 22ND AVENUE

FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

James D. Rudd

Street Address (P.O. Box Number is Not Acceptable)

6545 Corporate Centre Blvd, Suite 201

City

Orlando

FL

Zip Code

32822

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

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 \$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	<input type="checkbox"/> Delete
NAME	RUDD, JAMES D	
STREET ADDRESS	3511 NE 22ND AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, President, Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James D. Rudd	
STREET ADDRESS	6545 Corporate Centre Blvd, Ste 201	
CITY-ST-ZIP	Orlando, FL 32822	

TITLE	Director, VP & Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christina C. Rudd	
STREET ADDRESS	6545 Corporate Centre Blvd, Ste 201	
CITY-ST-ZIP	Orlando, FL 32822	

TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael R. Hammond	
STREET ADDRESS	6545 Corporate Centre Blvd, Ste 201	
CITY-ST-ZIP	Orlando, FL 32822	

TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Norwood Gay, III	
STREET ADDRESS	6545 Corporate Centre Blvd, Ste 201	
CITY-ST-ZIP	Orlando, FL 32822	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jimmy R. Jones	
STREET ADDRESS	6545 Corporate Centre Blvd, Ste 201	
CITY-ST-ZIP	Orlando, FL 32822	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)