

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90044 013 ***150.00

DOCUMENT # P01000038449

1. Entity Name
AMERICA'S BEST MORTGAGE, INC.

Principal Place of Business **Mailing Address**
605 W BLOOMINGDALE AVE. STE A **605 W BLOOMINGDALE AVE. STE A**
BRANDON FL 33511 **BRANDON FL 33511**

2. Principal Place of Business **3. Mailing Address**
1433 OAKFIELD DRIVE **1433 OAKFIELD DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
BRANDON, FL **BRANDON, FL**
Zip **Country** **Zip** **Country**
33511 **HAWAII** **33511** **FL**

4. FEI Number **Applied For**
SR-2311770 **Not Applicable**

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

6. Name and Address of Current Registered Agent
JEFFREY ROSEN, PRESIDENT
605 W BLOOMINGDALE AVE, STE A
BRANDON FL 33511

7. Name and Address of New Registered Agent
Name **ROSEN, JEFFREY**
Street Address (P.O. Box Number is Not Acceptable) **2410 NEEDHAM LANE**
City **VALRICO, FL 33594** **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 **JEFFREY ROSEN, PRESIDENT** **Jeffrey Rosen** **4/27/02**
 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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, JEFFREY		NAME	JEFFREY ROSEN	
STREET ADDRESS	605 W BLOOMINGDALE AVE, STE A		STREET ADDRESS	2410 NEEDHAM LANE	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **JEFFREY ROSEN, PRES** **4/27/02** **(813) 654-2976**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)