2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000038449 DOCUMENT

1. Entity Name



FILED
Mar 17, 2003 8:00 am & Secretary of State

AMERICA'S BEST MORTGAGE, INC.				3 1.7 2 000 50710 00	J9 ***150.00
1433 OAKFIELD DR		Mailing Address 1433 OAKFIELD DR BRANDON FL 33511		A I MANAMAN ANA MANAMANANA MANAMANANA MANAMANA	AND MAN BAN BAN BAN IN IN HOU
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 52-2311770	Applied For Not Applicable
Zip	Country	Zip	Country	G. Sertificate of States Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Manager 1	7. Name and Address of New Registered	Agent
DOSEN	IEEEDEV		Name		
ROSEN, JEFFREY			Street Addre	ess (P.O. Box Number is Not Acceptable)	
2410 NEEDHAM LANE VALRICO FL 33594					
			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registere			realstered office or rea		familiar with and accept
	tions of registered agent.				arimar vitri, aria addopt
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent signature re	quired when reinstating) DATE	
	3) E NOW!!! EEE IC 6150.00				
4	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0	ю .		9. Election Campaign Financing	\$5.00 May Be
	k Payable to Florida Department			Trust Fund Contribution.	Added to Fees
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
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NAME	ROSEN, JEFFREY	□ Delete	TITLE	, ESTITIONO, OF VAIGES TO OFF TOET IS AND	Change Addition
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12. I hereby certify that the information supplied with this filling 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 eath; 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: