

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE FILLS

03 JAN 16 AM 11:55

DOCUMENT # **PO1000039485**  
1. Entity Name  
**ASSET MORTGAGE GROUP INC**



**900010134909**  
01/15/03--01072-012 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

**900010134909**  
01/15/03--01072-012 \*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2121 GRAY MARE WAY**  
Suite, Apt. #, etc.  
City & State  
**WELLINGTON FL**  
Zip  
**33414** Country  
**USA**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
**FL**  
Zip  
**33414** Country  
**USA**

4. FEI Number  
**65-1093909**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**ROBERT P WOLFF**  
Street Address (P.O. Box Number is Not Acceptable)  
**2121 GRAY MARE WAY**  
City  
**WELLINGTON FL** Zip Code  
**33414**

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 re-registering)

1/10/03

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ROBERT P. WOLFF - President**  
**2121 GRAY MARE WAY**  
**WELLINGTON, FL 33414**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 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)

1/10/03

Date

561-333-3780

Daytime Phone #

CR2034B (12/02)