

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90034 014 ***150.00

DOCUMENT # P01000055777

1. Entity Name
ADVISORS MORTGAGE CORPORATION



Principal Place of Business
**3601 W. COMMERCIAL BLVD., SUITE 39
FT. LAUDERDALE, FL 33309**

Mailing Address
**5434 W. SAMPLE ROAD
SUITE 239
MARGATE, FL 33073**

44008758

2. Principal Place of Business

3. Mailing Address

5434 W. Sample Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

239

02032004

Chg-P

CR2E034 (10/03)

City & State

City & State
Margate, FL

4. FEI Number

65-1109770

Applied For

Not Applicable

Zip

Country

Zip

33073

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOMBROW, ALLAN B
3601 W. COMMERCIAL BLVD., SUITE 39
FT. LAUDERDALE, FL 33309**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 : PD ☐ Delete
NAME : DOMBROW, ALLAN B
STREET ADDRESS : 5434 W. SAMPLE RD., SUITE 239
CITY-ST-ZIP : MARGATE, FL 33073

TITLE : P/D/S/T ☒ Change ☐ Addition
NAME : Dombrow, Allan B.
STREET ADDRESS : 5434 W. Sample Road #239
CITY-ST-ZIP : Margate, FL 33073

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
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TITLE : ☐ Delete
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TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Allan B. Dombrow**

2/3/04

954-777-0252 x 207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #