

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90142 018 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000109464**

1. Entity Name  
**AMERICANMADE MORTGAGES, INCORPORATED**



**11030133**

Principal Place of Business  
 4460 CULBREATH ROAD  
 BROOKSVILLE, FL 34601

Mailing Address  
 4460 CULBREATH ROAD  
 BROOKSVILLE, FL 34601

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 P O Box 12202  
 Suite, Apt. #, etc.



←  CHECK HERE IF MAKING CHANGES

City & State  
 Brooksville, Florida

4. FEI Number  
**59-3755440**

Applied For  
 Not Applicable

Zip  
 Country

Zip  
 34603 Country  
 USA

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

6. Name and Address of Current Registered Agent:  
**MILLER, DALE V**  
**4460 CULBREATH ROAD**  
**BROOKSVILLE, FL 34601**

7. Name and Address of New Registered Agent  
 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 *Dale V Miller* DATE *April 28, 2003*  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when amending) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
 (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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>MILLER, DALE V</b><br><b>4460 CULBREATH ROAD</b><br><b>BROOKSVILLE, FL 34601</b><br><input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>CLARKSON, STACIE A</b><br><b>4400 CULBREATH ROAD</b><br><b>BROOKSVILLE, FL 34601</b><br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>MILLER, JAMES F</b><br><b>4460 CULBREATH ROAD</b><br><b>BROOKSVILLE, FL 34601</b><br><input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Dale V Miller* DATE: *April 28, 2003* *352-799-2488*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Capital Phone #

CR2E084 (10/02)