

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
 City & State **Brooksville, Florida**

4. FEI Number **59-3755440** Applied For
 Not Applicable

Zip Country 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 NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, DALE V 4460 CULBREATH ROAD BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARKSON, STACIE A 4400 CULBREATH ROAD BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, JAMES F 4460 CULBREATH ROAD BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)