

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

09-18-2003 90032 009 \*\*\*150.00

**DOCUMENT # P02000006650**

**1. Entity Name**  
**A MORTGAGE STORE, INC.**



**Principal Place of Business**  
**735 ALMOND STREET**  
**SUITE C**  
**CLERMONT FL 34711**

**Mailing Address**  
**735 ALMOND STREET**  
**SUITE C**  
**CLERMONT FL 34711**



**2. Principal Place of Business**  
**11418 Cypress Drive**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**11418 Cypress Dr.**  
**Suite, Apt. #, etc.**

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**Clermont FL**  
**Zip**  
**34711**  
**Country**  
**USA**

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**Zip**  
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**USA**

**4. FEI Number**  
**02-0544173**

**Applied For**  
**Not Applicable**

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

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

**BURNS, COLLEEN R**  
**11418 CYPRESS DRIVE**  
**CLERMONT FL 34711**

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

**Name** **Colleen R. Burns**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**11418 Cypress Dr.**  
**City** **Clermont** **FL** **Zip Code** **34711**

**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** **Colleen R. Burns**  
Signature, typed or printed name of registered agent and title if applicable.

**Colleen R. Burns**  
(NOTE: Registered Agent signature required when reinstating)

**9/1/03**  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PV** ☐ **Delete**  
**NAME** **BURNS, COLLEEN R**  
**STREET ADDRESS** **11418 CYPRESS DRIVE**  
**CITY-ST-ZIP** **CLERMONT FL 34711**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**TITLE** ☐ **Delete**  
**NAME**  
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**TITLE** ☐ **Change** ☐ **Addition**  
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**CITY-ST-ZIP**

**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:** **Colleen R. Burns** **9/1/03** **352-243-3133**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

*Attachment*

*86149115*

*P02000006650*

*A Mortgage Store, Inc.  
11418 Cypress Drive  
Clermont, Florida 34711  
Telephone: 352-243-3133  
Fax: 352-243-9399*

September 1, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: A Mortgage Store, Inc.  
FEI# 02-0544173

To Whom It May Concern:

I am requesting that the penalty fee be waived for this corporation due to the fact that the original request for filing was never received and the second request was received, finally, but in a damaged condition as you can see by the form and more so on the envelope.

Enclosed please find check in the amount of \$150.00 for the required initial fee. I have been in and out of the Dr's office and surgery due to my back. I have been dealing with this since October of last year. Since, I am the only one in the corporation, it has been difficult to get around and get these items filed in the required time. Please take this into consideration when you are reviewing my situation for the waiving of the penalty fees. I do not want my corporation to be dissolved, because I am optimistic that once final surgery is performed, I will be on the mend and be able to handle the day to day operation of the corporation in a more efficient manner.

Thank you,

*Colleen R. Burns*

Colleen R. Burns  
President