

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000012932

1. Entity Name
AMERICAN FINANCIAL MORTGAGE CONSULTANTS, INC.



FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90065 026 ***150.00

0109038 AV

Principal Place of Business
1800 PEMBROOK DRIVE-SUITE 300
ORLANDO FL 32810

Mailing Address
1800 PEMBROOK DRIVE-SUITE 300
ORLANDO FL 32810

2. Principal Place of Business
2400 Maitland Center Parkway

3. Mailing Address
2400 Maitland Center Parkway

Suite, Apt. #, etc.
Suite 225

Suite, Apt. #, etc.
Suite 225

City & State
Maitland, FL

City & State
Maitland, FL

Zip
32751

Country
U.S.A

Zip
32751

Country
U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3601774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COSTANTINE, RHONDA
2067 MAJESTIC WOODS BLVD.
APOPKA FL 32712**

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

Anthony Costantine

1-30-03

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, 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

TITLE
President
NAME
Rhonda Costantine
STREET ADDRESS
2067 majestic Woods BLVD.
CITY-ST-ZIP
Apopka, FL 32712

☐ Delete

TITLE
Vice President
NAME
Anthony Costantine
STREET ADDRESS
2067 majestic Woods BLVD
CITY-ST-ZIP
Apopka, FL 32712

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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: **Anthony Costantine** **1-30-03** **407-660-0439**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)