

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

04-15-2003 90097 049 ***150.00

DOCUMENT # P02000014326



1. Entity Name
AMR PROPERTIES & MORTGAGE SERVICES, INC.

Principal Place of Business
4118 GUADALUPE CT
ORLANDO FL 32817

Mailing Address
4118 GUADALUPE CT
ORLANDO FL 32817

2. Principal Place of Business
1277 N Semoran Blvd
Suite 108

3. Mailing Address
1277 N Semoran Blvd
Suite 108

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
75-2994843

Applied For
Not Applicable

Zip
32807

Country
USA

Zip
32807

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCADO, ALICIA
4118 GUADALUPE CT
ORLANDO FL 32817

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

Alicia Mercado

(NOTE: Registered Agent signature required when reinstating)

4/8/03

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
MERCADO, ALICIA
4118 GUADALUPE CT
ORLANDO FL 32817 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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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 amendments.

SIGNATURE:

Alicia Mercado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

321-229-2994

Daytime Phone #

CR2E034 (10/02)