

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0018745 AV

DOCUMENT # P02000050606



1. Entity Name
A-1 MORTGAGE PROFESSIONALS, INC.

FILED

03 OCT -9 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
707 PINETREE DR.
INDIAN HARBOUR BCH FL 32937

Mailing Address
707 PINETREE DR.
INDIAN HARBOUR BCH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1004368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMURROUGH, MICHAEL J
707 PINETREE DR.
INDIAN HARBOUR BCH FL 32937

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

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL J. MCMURROUGH PRES. 10-7-03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MCMURROUGH, MICHAEL J
CITY-ST-ZIP 546 BISCAYNE DR.
INDIAN HARBOUR BCH FL 32937

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCMURROUGH, DARINA J
CITY-ST-ZIP 546 BISCAYNE DR.
INDIAN HARBOUR BCH FL 32937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100023677291
CITY-ST-ZIP 10/09/03--01079--019 **750.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL J. MCMURROUGH PRES. 10-7-03 321-777-0684

CR2E034 (4/03)