

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90065 025 ***150.00

DOCUMENT # P02000079186



1. Entity Name
AMERICAN FREEDOM MORTGAGE OF CENTRAL FLORIDA, INC.

Principal Place of Business
**307 ARROW ROOT ROAD
WINTER HAVEN FL 33880**

Mailing Address
**307 ARROW ROOT ROAD
WINTER HAVEN FL 33880**

11000060



2. Principal Place of Business

217 Ave D SW

3. Mailing Address

217 Ave D SW

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33880

Country

USA

Zip

33880

Country

USA

4. FE Number

16-1616416

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHORETTE, MICHAEL C
227 LILY PAD LANE
WINTER HAVEN FL 33880**

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	SHORETTE, MICHAEL	
STREET ADDRESS	307 ARROW ROOT ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VP / Asst. Treas	<input type="checkbox"/> Delete
NAME	Shorette Michael	
STREET ADDRESS	217 Ave D SW	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	P / Secy	<input type="checkbox"/> Delete
NAME	Morgan Andra	
STREET ADDRESS	217 Ave D SW	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SHORETTE, MICHAEL C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)