

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039262

1. Entity Name

AMERICAN LENDERS MORTGAGE SERVICES CORP.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90113 048 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2529 W BUSCH BLVD~~  
~~SUITE 600~~  
~~TAMPA FL 33618~~  
US

~~2529 W BUSCH BLVD~~  
~~SUITE 600~~  
~~TAMPA FL 33618~~  
US

2. Principal Place of Business

3. Mailing Address

13153 N. Dale Mabry

13153 N. Dale Mabry

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#125

#125

City & State

City & State

Tampa, Fl.

Tampa, Fl.

Zip

Country

33618

Hillsborough

Zip

Country

33618

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGAN, PATRICIA  
6213 SPRING OAK CT  
TAMPA FL 33625

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.

SIGNATURE Patricia Pagan, PRES.

4-17-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PAGAN, PATRICIA	
STREET ADDRESS	6213 SPRING OAK CT	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Pagan, PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

Daytime Phone #