

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087660

1. Entity Name
AAALLSAFE MORTGAGE CORPORATION

Principal Place of Business
6325 PRESIDENTIAL CT.
SUITE 8
FT. MYERS FL 33919

Mailing Address
6325 PRESIDENTIAL CT.
SUITE 8
FT. MYERS FL 33919

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 65-0453465

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

MINIX, TRAVIS
3691 WINKLER AVE.
#822
FT. MYERS FL 33916

Name MERWIN P SPEARS
Street Address (P.O. Box Number is Not Acceptable)

7720 NALLE GRADE RD
City N FT MYERS FL Zip Code 33917

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 MERWIN P SPEARS DATE 4-13-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 V
NAME MINIX, TRAVIS
STREET ADDRESS 2431 HARVARD AVE
CITY-ST-ZIP FORT MYERS FL 33907 ☒ Delete

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

TITLE D
NAME SAGE, DOUGLAS A
STREET ADDRESS 1717 N E 3RD AVENUE
CITY-ST-ZIP CAPE CORAL FL 33909 ☒ Delete

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

TITLE P
NAME SPEARS, MERWIN P
STREET ADDRESS 7720 NALLE GRADE RD
CITY-ST-ZIP N. FORT MYERS FL 33917 ☐ Delete

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

TITLE ST
NAME INTORCIA, JOSEPH J
STREET ADDRESS 3942 SE 9TH CT
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Merwin P Spears*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 941-432-0055
Date Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90026 028 ***150.00

532423



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)