

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006535

1. Entity Name

AMERICAN MORTGAGE CENTER, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90022 047 ***150.00

Principal Place of Business

1900 TAMiami TRAIL
#C
PUNTA GORDA FL 33950
US

Mailing Address

1900 TAMiami TRAIL
#C
PUNTA GORDA FL 33950-5918
US

2. Principal Place of Business

1900-C Tamiami Trail

3. Mailing Address

Same

Suite, Apt. #, etc.

#C

Suite, Apt. #, etc.

City & State

Punta Gorda

City & State

Zip

33950

Country

Charlotte

Zip

Country

4. FEI Number

65-0465773

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

AMBERG, PATRICA A.
1900-C TAMiami TRAIL
PUNTA GORDA FL 33950

Name

Same

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 A. Amberg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
AMBERG, DAVID A
1900 TAMiami TRAIL
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
AMBERG, PATRICIA A
1900 TAMiami TRAIL
PUNTA GORDA FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ 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:

Patricia A. Amberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

6395550

Daytime Phone #

CR2E034 (9/99)