FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2004 8:00 am
Secretary of State
06-01-2004 90009 002 ***150.00

DOCUMENT # P94000012517

1. Entity Name: ATLANTIC SECURITY MORTGAGE, INC

DO NOT WRITE IN THIS SPACE

54056299
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
860 E. STATE RD. 434	4918 SHORELINE CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FL.	City & State: SANFORD, FL.
Zip: 32750 Country: USA	Zip: 32771 Country:

4. FEI Number: 59-3225269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: BASIL A. JONES
Street Address (P.O. Box Number is Not Acceptable): 4918 SHORELINE CIR
City: SANFORD FL Zip Code: 32771

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	BASIL A. JONES
STREET ADDRESS	4918 SHORELINE CIR
CITY-ST-ZIP	SANFORD, FL. 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Basil A. Jones 05/17/04 (407) 323-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BASIL A. JONES