


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90226 028 \*\*\*150.00

<b>DOCUMENT # P94000054512</b>					
1. Entity Name <b>ASSOCIATED MORTGAGE CONSULTANTS, INC.</b>					
Principal Place of Business 8192 COLLEGE PARKWAY STE 25 FORT MYERS FL 33907			Mailing Address 8192 COLLEGE PARKWAY FORT MYERS FL 33907		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <b>Ste #25</b>		
City & State			City & State		
Zip <b>33919</b>	Country	Zip <b>33919</b>	Country	4. FEI Number <b>65-0505277</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent					
<b>BUTLER, GAREY F</b> <b>HUMPHREY &amp; KNOTT, P.A.</b> <b>1625 HENDRY STREET, SUITE 301</b> <b>FORT MYERS FL 33901</b>					
7. Name and Address of Former Registered Agent					
Name <b>Butler, Garey F</b> Street Address (P.O. Box Number is Not Acceptable) <b>Fowler, White, Boggs &amp; Banker</b> <b>2201 2nd Street, 5th Floor</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33901</b>					
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 <u><i>Garey F. Butler</i></u> <b>Garey F. Butler</b> <u><i>April 29, 2003</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution. <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARNES, CONSTANCE N</b> <b>4527 S.W. 8TH AVENUE</b> <b>CAPE CORAL FL 33904</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Parnes, Constance N</b> <b>12451 Blasingim Road</b> <b>Fort Myers, FL 33912</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Constance Parnes</i></u> <b>CONSTANCE PARNES</b> <u><i>4.14.03</i></u> <b>239-428-3711</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2ED34 (10/02)