

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90128 005 ***150.00

DOCUMENT # P94000091818

1. Entity Name

ALL AMERICAN MORTGAGE LENDERS, INC.



Principal Place of Business

1231 STATE ROAD 60
VERO BEACH FL 32960

Mailing Address

1231 STATE ROAD 60
VERO BEACH FL 32960

2. Principal Place of Business

1612 20TH STREET

3. Mailing Address

1612 20TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

65-0545395

Applied For

Not Applicable

Zip
32960

Country
U.S.

Zip
32960

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JETSON, JOHN T
1231 STATE ROAD 60
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name
JETSON, JOHN T
Street Address (P.O. Box Number is Not Acceptable)
1612 20TH STREET

City
VERO BEACH, FL Zip Code
32960

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD HAYWARD, MATTHEW 1231 STATE ROAD 60 VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELGROSSO, PAUL J 1231 STATE ROAD 60 VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLYNN, BETTY 1231 STATE ROAD 60 VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAYWARD, MATTHEW 1612 20TH STREET VERO BEACH FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELGROSSO, PAUL J. 1612 20TH STREET VERO BEACH FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLYNN, BETTY 1612 20TH STREET VERO BEACH FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

STATE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03

Daytime Phone #

CR2E034 (10/02)