2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020369

1. Entity Name
AFFORDABLE HOME MORTGAGE LOANS & INVESTMENTS, INC.

FILED
00 MAR -3 AM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
	2320 PINE RIDGE RD NAPLES FL 34109

2. Principal Place of Business	3. Mailing Address
2320 PINE RIDGE ROAD	2320 PINE RIDGE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
NAPLES FL	NAPLES, FL
Zip 34109 Country COLLIER	Zip 34109 Country COLLIER

DO NOT WRITE IN THIS SPACE
03/03/00 90845 038 150.00

4. FEI Number 650561815 ☐ 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
Name ROBERT K BENTON
Street Address (P.O. Box Number is Not Acceptable) 7225 PELICAN BAY BLVD
City NAPLES FL FL Zip 34109

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 [signature] 2/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PRESIDENT ROBERT K BENTON 7225 PELICAN BAY BLVD NAPLES FL 34109	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

CR2E034 (9/99)

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 [signature] 2/23/00 9414037788
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

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