## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P95000026560** Apr 12, 2000 8:00 am Secretary of State AFFIRMATIVE MORTGAGE LOANS, INC. 04-12-2000 90043 009 \*\*\*150.00 Mailing Address Principal Place of Business 13191 STARKEY RD STE 11 13191 STARKEY RD STE 11 LARGO FL 33773-1438 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-3305626 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUART, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 6471 102 AVENUE PINELLAS PARK FL 33782 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ■ Addition Change P/D TITLE ☐ Delete NAME DUART, JEFFREY A. NAME STREET ADDRESS STREET ADDRESS 6471 102 AVENUE CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 Change Addition ☐ Delete TITI F TITLE NAME DUART, LINDA L. NAME STREET ADDRESS STREET ADDRESS 6471 102 AVENUE CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Addition - Change TITLE .V/D·--- --☐ Delete TITLE BILLERA, JOSEPH JR NAME NAME STREET ADDRESS STREET ADDRESS 6471 102 AVENUE CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Change Addition Delete TITLE TITLE SHERLOCK, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 8471 102 AVENUE CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL-93782 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

4/4/70

727 524 9480

Daytime Phone #