

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002407

1. Entity Name

AMERIMORTGAGE SERVICES INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90070 032 ***150.00

Principal Place of Business

13902 N. DALE MABRY
#230
TAMPA FL 33618

Mailing Address

P.O. BOX 271016
TAMPA FL 33688

2. Principal Place of Business

21530 CLUBSIDE LOOP

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LUTZ, FLORIDA

City & State

Zip

33549

Country

FLA

Country

4. FEI Number

59-3352104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPPAPORT, STUART S
13902 N. DALE MABRY HWY., #230
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name Stuart S. RAPPAPORT

Street Address (P.O. Box Number is Not Acceptable)

21530 CLUBSIDE LOOP

City

LUTZ

FL

Zip Code

33549

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

Stuart S. RAPPAPORT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Stuart S. RAPPAPORT

3-29-2001

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, 2001 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

TITLE D ☐ Delete
NAME RAPPAPORT, STUART S
STREET ADDRESS 21530 CLUBSIDE LOOP
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☐ Delete
NAME RAPPAPORT, MARIE C
STREET ADDRESS 21530 CLUBSIDE LOOP
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Stuart S. RAPPAPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart S. RAPPAPORT, PRES.

Date

Daytime Phone #

CR2E034 (10/00)

0355598