

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90022 046 ***150.00

DOCUMENT # P96000002407

1. Entity Name
AMERIMORTGAGE SERVICES INC.

Principal Place of Business

~~21530 CLUBSIDE LOOP~~
~~LUTZ FL 33549~~

Mailing Address

P.O. BOX 271016
TAMPA FL 33688

2. Principal Place of Business

26510 WHIRLAWAY TERR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FLA.

City & State

4. FEI Number

59-3352104

Applied For

Not Applicable

Zip

Country

33544

U.S.A.

Zip

Country

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

RAPPAPORT, STUART S

~~21530 CLUBSIDE LOOP~~
~~LUTZ FL 33549~~

Name

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

26510 WHIRLAWAY TERRACE

City

WESLEY CHAPEL

FL

Zip Code

33544

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

1-7-2002

(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, 2002 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 **D** ☐ Delete
NAME **RAPPAPORT, STUART S**
STREET ADDRESS **21530 CLUBSIDE LOOP**
CITY-ST-ZIP **LUTZ FL 33549**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **26510 WHIRLAWAY TERRACE**
CITY-ST-ZIP **WESLEY CHAPEL, FLORIDA 33544**

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **26510 WHIRLAWAY TERRACE**
CITY-ST-ZIP **WESLEY CHAPEL, FLORIDA 33544**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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☐ Change ☐ Addition
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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

1-7-2002 913-969-2971

Date

Daytime Phone #

CR2E034 (9/01)