

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024852

1. Entity Name

AMERICAN MORTGAGE RESOURCES, INC.

Principal Place of Business

773 S. KIRKMAN ROAD  
SUITE 120  
ORLANDO FL 32811  
US

Mailing Address

773 S. KIRKMAN ROAD  
SUITE 120  
ORLANDO FL 32811  
US

2. Principal Place of Business

1937 TUMBLESTONE DR. 1937 TUMBLESTONE DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3368545

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMALL, WILSON  
7937 TUMBLESTONE DR  
ORLANDO FL 32819

Name

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

City

FL 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

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, WILSON		NAME	
STREET ADDRESS	7937 TUMBLESTONE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, ANDRE		NAME	
STREET ADDRESS	7937 TUMBLESTONE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	7937 TUMBLESTONE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: *Wilson Small* WILSON SMALL 3-12-01 407 521 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #