

2000 UNIFORM BUSINESS REPORT (UBR)

0394669

DOCUMENT # P96000036335

1. Entity Name

A.L.S. MORTGAGE COMPANY

Principal Place of Business

8819 RIVERLACHEN WAY
RIVERVIEW FL 33569
US

Mailing Address

8819 RIVERLACHEN WAY
RIVERVIEW FL 33569-4966
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JANES, SHEILA L
811 B BAHIA DEL SOL DRIVE
RUSKIN FL 33570

7. Name and Address of New Registered Agent

Name **LAURIE M. ROGERS**
Street Address (P.O. Box Number is Not Acceptable)
8819 RIVERLACHEN WAY
City **RIVERVIEW** FL **33569**

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, 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

TITLE **PD**
NAME **JANES, SHEILA L**
STREET ADDRESS **811 BAHIA DEL SOL DRIVE**
CITY-ST-ZIP **RUSKIN FL 33570** ☒ Delete

TITLE **STD**
NAME **ROGERS, LAURIE M**
STREET ADDRESS **811 BAHIA DEL SOL DRIVE**
CITY-ST-ZIP **RUSKIN FL 33570** ☐ Delete

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 **PD**
NAME **LAURIE M. ROGERS**
STREET ADDRESS **8819 RIVERLACHEN WAY**
CITY-ST-ZIP **RIVERVIEW, FL 33569** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003432704--5
-10/19/00--01109--003
******550.00 ****550.00**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 OCT -5 PM 2:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3381327** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)

KE

8136728214