

2001 UNIFORM BUSINESS REPORT (UBR)

1/22/01-

FILED

Feb 09, 2001 8:00 am
Secretary of State

01-22-2001 90119 022 ***150.00

DOCUMENT # P96000073586

1. Entity Name

AMICO MORTGAGE CO.

Principal Place of Business

**4731-C N. CONGRESS AVE.
BOYNTON BEACH FL 33426**

Mailing Address

**4731-C N. CONGRESS AVE.
BOYNTON BEACH FL 33426**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3404875**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**AMICUCCI, MICHAEL J
29 SWALLOW DRIVE
BOYNTON BEACH FL 33462**

7. Name and Address of New Registered Agent

Name

~~XXXXXXXXXXXXXXXXXXXX~~

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

~~XXXXXXXXXXXXXXXXXXXX~~

City

~~XXXXXXXXXXXXXXXXXXXX~~

FL

Zip Code ~~XXXXXXXX~~

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

Michael Amicucci **Michael Amicucci President**

01-10-2001

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

(NOTE: Registered Agent signature required when renewing)

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	<input type="checkbox"/> Delete
NAME	AMICUCCI, MICHAEL J	
STREET ADDRESS	29 SWALLOW DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	P	<input type="checkbox"/> Delete
NAME	AMICUCCI, NANCY	
STREET ADDRESS	29 SWALLOW DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICUCCI, MICHAEL J	
STREET ADDRESS	29 SWALLOW DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33462	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICUCCI, NANCY	
STREET ADDRESS	29 SWALLOW DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Amicucci **Michael Amicucci President 2/9/01 561-642-7400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)