

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90613 014 \*\*\*150.00

**DOCUMENT # P96000075596****1. Entity Name**  
**ACR MORTGAGE, INC.****Principal Place of Business****2501 WEST BAY DR**  
**LARGO FL 33770****Mailing Address****2501 WEST BAY DR**  
**LARGO FL 33770****2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****4. FEI Number 59-3398792**

Applied For

Not Applicable

**Zip****Country****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****SWEETIN, JIM**  
**2501 WEST BAY DR**  
**LARGO FL 33770**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	PAXTON, JAMES N	
STREET ADDRESS	6909 BEACH BLVD	
CITY-ST-ZIP	HUDSON FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SWEETIN, JIM	
STREET ADDRESS	2501 WEST BAY DR	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *James Sweetin* **JAMES SWEETIN** 3-5-01 727-584-8480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)