

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 901.54 044 \*\*\*150.00

0460827 AV

**DOCUMENT # P97000012153**

1. Entity Name  
**AREA MORTGAGE SERVICES, INC.**



Principal Place of Business  
**10014 N. DALE MABRY  
#101  
TAMPA FL 33618**

Mailing Address  
**1221 TERRA MAR DR.  
TAMPA FL 33613**



2. Principal Place of Business  
**1314 W. BEARSS AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA FL**

Zip  
**33613**

Country  
**Hillsborough**

City & State  
Zip  
Country

4. FEI Number  
**59-3423131**

Applied For  
Not Applicable

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

**TATRO, ROBERT  
1221 TERRA MAR DR  
TAMPA FL 33613**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TATRO, APRIL 1221 TERRA MAR DRIVE TAMPA FL 33613</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS TATRO, ROBERT 1221 TERRA MAR DRIVE TAMPA FL 33613</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03 813 269-2512**  
Date Daytime Phone #

CR2E034 (10/02)