

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024346

1. Entity Name
AFFORDABLE WALLS MORTGAGE CORPORATION

Principal Place of Business
TIMBER WOLFE PLACE
450 HIGHWAY 50 EAST, SUITE 3
CLERMONT FL 34711

Mailing Address
TIMBER WOLFE PLACE
450 HIGHWAY 50 EAST, SUITE 3
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3432081

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

WALLS, GEORGE S
TIMBER WOLFE PLACE
450 HIGHWAY 50 EAST, SUITE 3
CLERMONT FL 34711

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

George S. Walls

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME WALLS, COLLEEN R
STREET ADDRESS 11418 CYPRESS DR.
CITY-ST-ZIP CLERMONT FL 34711 ☒ Delete

TITLE P/V/P/S/T
NAME George S. Walls
STREET ADDRESS 11418 Cypress Dr.
CITY-ST-ZIP Clermont, FL 34711 ☐ Change ☒ Addition

TITLE VP
NAME WALLS, GEORGE S
STREET ADDRESS 11418 CYPRESS DR.
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME BURNS, HERBERT W
STREET ADDRESS 14345 VISTA DEL LAGO BOULEVARD
CITY-ST-ZIP WINTER GARDENS FL 34787 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

George S. Walls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 4, 2001

Date

(352) 241-0600

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90063 004 ***550.00

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DO NOT WRITE IN THIS SPACE

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