

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90003 010 ***550.00

0005296
 AV

DOCUMENT # P97000026175

1. Entity Name
A & A MORTGAGE, INC.

Principal Place of Business

**3301 THOMASVILLE RD
 STE 300
 TALLAHASSEE FL 32312**

Mailing Address

**3301 THOMASVILLE RD
 STE 300
 TALLAHASSEE FL 32312**

2. Principal Place of Business

3301 Thomasville Rd.

3. Mailing Address

3301 Thomasville Rd.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Tallahassee, FL

City & State

Tallahassee, Fla.

Zip

32308

Country

USA

Zip

32308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3434686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WILLIS, STEPHEN C P.A.
 2818-A KIKIERANE DRIVE
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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 \$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

TITLE **D** ☐ Delete
 NAME **KENT, SANDRA LEE**
 STREET ADDRESS **1311 EXECUTIVE CENTER DRIVE, SUITE 206**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Delete
 NAME **KENT, DONALD CHRIS**
 STREET ADDRESS **1311 EXECUTIVE CENTER DRIVE, SUITE 206**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☒ Delete
 NAME **BOYLE, KENNETH P**
 STREET ADDRESS **521 EAST MOREHEAD STREET, SUITE 530**
 CITY-ST-ZIP **CHARLOTTE NC 28202**

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 **P** ☒ Change ☐ Addition
 NAME **KENT, SANDRA LEE**
 STREET ADDRESS **3301 THOMASVILLE RD. SUITE 300**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **V/S/T** ☒ Change ☐ Addition
 NAME **KENT, DONALD CHRIS**
 STREET ADDRESS **3301 THOMASVILLE RD. SUITE 300**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

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:

DO NOT SIGNATURE REQUIRED KENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/01

Date

850-383-9999

Daytime Phone #

CR2E034 (5/01)