**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 15, 2002 8:00 am Secretary of State DOCUMENT # P97000050302 1. Entity Name ALL-FLORIDA MORTGAGE CENTERS, INC. 01-15-2002 90026 028 \*\*\*150.00 .. . . . Mailing Address 4721 SOUTH ORANGE AVENUE 4721 SOUTH ORANGE AVENUE ORLANDO FL 32806 .......... ORLANDO FL. 32806. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3450756 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.~Name and Address of New Registered Agent PERDUE, JEFFREY E Street Address (P.O. Box Number is Not Acceptable) 4500 SOUTH SHORE DRIVE ORLANDO FL 32839 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Change NAME PERDUE, JEFFREY E NAME STREET ADDRESS 4500 SOUTH SHORE DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP SD ☐ Delete TITLE Change ■ Addition NAME PERDUE, KAREN L NAME STREET ADDRESS 4500 SOUTH SHORE DRIVE STREET ADDRESS CITY-ST-ZIE ORLANDO FL 32839 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE PROUBED

changed, or on an attachment with an address, with all other like empowered

Daytime Phone #