

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90030 012 \*\*\*150.00

821389



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000052334 Entity Name <b>AMERITRUST MORTGAGE &amp; INVESTMENTS, INC.</b>	
Principal Place of Business <b>MARINER PLACE FL</b>	Mailing Address <b>21226 MARINER PLACE LUTZ FL 33549-4103</b>
2. Principal Place of Business <b>17410 US Hwy 41 N Suite, Apt. #, etc.</b>	3. Mailing Address <b>17410 US Hwy 41 N Suite, Apt. #, etc.</b>
City & State <b>LUTZ, FL</b>	City & State <b>LUTZ, FL</b>
Zip <b>33549</b>	Country <b>Hillsborough</b>
6. Name and Address of Current Registered Agent <b>DIAZ, JOE 21226 MARINER PLACE LUTZ FL</b>	
7. Name and Address of New Registered Agent Name <b>New Address</b> Street Address (P.O. Box Number is Not Acceptable) <b>17410 US Hwy 41 N</b> City <b>LUTZ</b> FL Zip Code <b>33549</b>	
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. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, JOSE A 21226 MARINER PLACE LUTZ FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DIAZ, CARIDAD G 21226 MARINER PLACE LUTZ FL <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17410 US Hwy 41 N LUTZ, FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17410 US Hwy 41 N LUTZ, FL 33549</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	

CR2E034 (9/99)

SIGNATURE: SIGNATURE REQUIRED 3/7/00 813-996-1040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #