

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90242 037 \*\*\*150.00

0001344

**DOCUMENT # P97000088505**

1. Entity Name

**A-MINUS MORTGAGE CORPORATION**

Principal Place of Business

**544 BROADWAY AVE  
 ORLANDO FL 32801**

Mailing Address

**250 N ORANGE AVE  
 SUITE 1500  
 ORLANDO FL 32801**

**714863**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3478228**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REED, JAMES W  
 250 N ORANGE AVE  
 SUITE 1500  
 ORLANDO FL 32801**

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 \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DVP	KIRK, DENISE	510 CHRISTOPHER PL	ORLANDO FL 32803	<input type="checkbox"/>
DP	FULLER, JEFFREY	951 THISTLE LN	MAITLAND FL 32751	<input type="checkbox"/>
ST	REED, JAMES W	6553 GIBSON DR	ORLANDO FL 32809	<input type="checkbox"/>
D	REED, MARY M	6553 GIBSON DR	ORLANDO FL 32809	<input type="checkbox"/>
D	ZUTES, GEORGE C	46 W. LEMON ST	TARPON SPRINGS FL 34689	<input type="checkbox"/>
D	STAMAS, GEORGE P	46 W. LEMON ST	TARPON SPRINGS FL 34689	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*James W Reed*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*2/9/01*

Daytime Phone #

CR2E034 (10/00)