2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # P98000000259 AMERICAN WORLDWIDE MORTGAGE SERVICES, INC. 05-01-2000 90014 016 ***158.75 Mailing Address Principal Place of Business 4460 CULBREATH RD 4460 CULBREATH RD **BROOKSVILLE FL 34601** BROOKSVILLE FL 34601-5715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number APPLIED FOR Not Applicable 59-349299 Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired ХX USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, DALE V Street Address (P.O. Box Number is Not Acceptable) 4460 CULBREATH RD **BROOKSVILLE FL 34601** 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 FILE NOW!!! FEE IS \$150.00+ 8.75 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 *1*1. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE ☐ Delete TITLE MILLER, DALE V NAME NAME 4460 CULBREATH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000