

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90010 024 \*\*\*158.75

DOCUMENT # **P98000000259**

1. Entity Name: **AMERICAN WORLDWIDE MORTGAGE SERVICES, INC.**  
**4460 CULBREATH Rd.**  
**BROOKSVILLE, FL 34601**

Principal Place of Business Mailing Address **— SAME**  
**4460 CULBREATH Rd**  
**BROOKSVILLE, FL 34601**

2. Principal Place of Business **4460 CULBREATH Rd.** 3. Mailing Address **4460 CULBREATH Rd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **BROOKSVILLE, FL.** City & State **BROOKSVILLE, FL**  
 Zip **34601** Country **USA** Zip **34601** Country **USA**

4. FEI Number **59-3492992** Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**A0072527**

## 6. Name and Address of Current Registered Agent

**Dale V. Miller**  
**4460 CULBREATH Rd.**  
**BROOKSVILLE, FL 34601**

## 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!!**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dale V. Miller, Pres.</b> <b>4460 CULBREATH Rd.</b> <b>BROOKSVILLE, FL 34601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director 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 **Dale V. Miller** **Dale V. Miller** **5-25-01** **352 279 8198**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #