

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90142 019 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000000259

1. Entity Name  
**AMERICAN WORLDWIDE MORTGAGE SERVICES, INC.**



Principal Place of Business  
**4460 CULBREATH RD  
BROOKSVILLE, FL 34601**

Mailing Address  
**4460 CULBREATH RD  
BROOKSVILLE, FL 34601**

11030132



2. Principal Place of Business

3. Mailing Address  
**P O Box 12202**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Brooksville, Florida**

4. FEI Number  
**59-3492992**

Applied For  
☐ Not Applicable

Zip

Country

Zip

**34603**

Country

**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, DALE V  
4460 CULBREATH RD  
BROOKSVILLE, FL 34601**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

*Dale V Miller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning.)

*April 28, 2003*

DATE

FILE NOW! FEE IS \$160.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MILLER, DALE V  
4460 CULBREATH RD  
BROOKSVILLE, FL 34601** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dale V Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 28, 2003*

DATE

*352-799-2488*

DAYTIME PHONE #

CH2E034 (10/02)