

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-24-2002 90040 025 ***150.00

DOCUMENT # P98000005707

1. Entity Name
ADVANCED MORTGAGE CORPORATION

Principal Place of Business Mailing Address
3417 W. OAKLAND PARK BOULEVARD **3417 W. OAKLAND PARK BOULEVARD**
FORT LAUDERDALE FL 33311 **FORT LAUDERDALE FL 33311**

2. Principal Place of Business 3. Mailing Address
2880 W. Oakland Park Blvd **P.O. Box 100068**
Suite, Apt. #, etc. Suite, Apt. #, etc.
222 **222**

City & State City & State
FL Land. FL **FL Land. FL**
Zip Country Zip Country
33311 **USA** **33310** **USA**

4. FEI Number Applied For
65-0804791 ☐ Not Applicable

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
H & C PROFESSIONAL SERVICES, INC. Name **Noel A Edwards**
3417 W. OAKLAND BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **1131 NW 18th Street**
FORT LAUDERDALE FL 33311 City **FL Landersdale** FL Zip Code **33311**

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 **Noel A Edwards** DATE **3/11/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After May 1, 2002 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	D EDWARDS, NOEL A 3417 W. OAKLAND PARK BOULEVARD FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Noel A Edwards** DATE: **2/15/02** Daytime Phone: **(954) 444-4484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)