2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 30, 2000 8:00 am Secretary of State **DOCUMENT** # P98000022576 1. Entity Name AFFORDABLE MORTGAGE SERVICES, INC. 03-30-2000 90045 016 ***150.00 Principal Place of Business Mailing Address 00040050 2. Principal Place of Business 3. Mailing Address 11850 Donlin Drive 11850 Donlin Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number West Palm Beach, FL West Palm Beach, FL 33414 65-081:9102 Not Applicable Country USA 33414 \$8.75 Additional 33414 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Terry Hartig Comollo, George -166-Port Road -Street Address (PO: Box Number Is Not Acceptable) West Palm Beach, FL 33415 ²33474 West Palm Beach rp/se of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its In angible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do sq After WAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. Addition Comollo, George TITLE TITLE XX Delete NAME NAME 166 Post Road STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33415 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE Terry Hartig NAME NAME 11850 Donlin Drive STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33414 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE X Delete Wilbur, Michael NAME 11850 Donlin Drive STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33414 CITY-ST-ZIP -CITY-ST-ZIP VICE MEGITENIA SECRETARY ☐ Change Addition TITLE TITLE NAME NAME 11850 DONLIN DUNG STREET ADDRESS STREET ADDRESS WEST PALM BRACH! CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not coalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied entries 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 reserver 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 in the corporation of the corporation of the reserver 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 in the corporation of changed, or on an attachment with n address, with a vered. SIGNATURE: SIGNATURE AND TYP OR PRINTED OF SIGNING OFFICER OR DIRECTOR