

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90024 006 \*\*\*150.00

**DOCUMENT # P98000029496**

1. Entity Name

**AHL MORTGAGE CORPORATION**

Principal Place of Business

Mailing Address

761 WEST LUMSDEN ROAD  
BRANDON FL 33511  
US

761 WEST LUMSDEN ROAD  
BRANDON FL 33511  
US

2. Principal Place of Business

3. Mailing Address

114 W. BLOOMINGDALE AVE  
Suite, Apt. #, etc.  
BRANDON

114 W. BLOOMINGDALE AVE  
Suite, Apt. #, etc.

City & State

City & State

BRANDON FL

BRANDON FL

Zip

Country

Zip

Country

33511 USA

33511 USA

4. FEI Number

59-3499572

Applied For

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

AHL, GILBERT W  
761 WEST LUMSDEN ROAD  
BRANDON FL 33511

Name

Street Address (P.O. Box Number is Not Acceptable)

114 W. BLOOMINGDALE AVE

City

FL

Zip Code

BRANDON

33511

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!!! FEE IS \$150.00**  
**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 P  
NAME AHL, GILBERT W  
STREET ADDRESS 5423 BURNT HICKORY DRIVE  
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE VP  
NAME AHL, MARIA S  
STREET ADDRESS 5423 BURNT HICKORY DRIVE  
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* PRESIDENT

1/18/2001

813 657-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)