

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031424

1. Entity Name **ACCREDITED MORTGAGE SERVICES OF OCALA, INC.**

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90094 030 ***150.00

Principal Place of Business
3501 NE 10TH STREET, STE. 102
OCALA FL 34470

Mailing Address
3501 NE 10TH STREET, STE. 102
OCALA FL 34470-6423

2. Principal Place of Business
2141 NE 2nd ST
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **OCALA FL** City & State
Zip **34470** Country **USA** Zip Country
4. FEI Number **59-3517507** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COCHRANE, JAMES M
3501 NE 10TH ST
STE 201
OCALA FL 34470

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 COCHRANE, JAMES M 3501 NE 10TH STREET, STE. 102 OCALA FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2141 NE 2nd ST OCALA FL 34470	<input checked="" 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)(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: **JAMES M COCHRANE** **352-867-8566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)