

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036367

1. Entity Name

ASSOCIATES IN MORTGAGE LENDING, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90034 026 ***150.00

Principal Place of Business

Mailing Address

13451 MCGREGOR BLVD. STE 26
FORT MYERS FL 33919

13451 MCGREGOR BLVD. STE 26
FORT MYERS FL 33919-5942

2. Principal Place of Business

3. Mailing Address

17595 S. TAMiami TRAIL

17595 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

SUITE 100

City & State

City & State

FORT MYERS, FL

FORT MYERS, FL

Zip

Country

33908

LEE

Zip

Country

33908

LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0827827

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

STAROWICZ, JOSEPH W
13451 MCGREGOR BLVD, STE 26
FORT MYERS FL 33919

Name: STAROWICZ, JOSEPH W.
Street Address (P.O. Box Number is Not Acceptable):
17595 S. TAMiami TRAIL
SUITE 100
City: FORT MYERS FL Zip Code: 33908

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] *[Signature]* JW STAROWICZ

4-11-00

Signature, typed or printed name of registered agent and title is 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, 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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAROWICZ, JOSEPH W		NAME	STAROWICZ, JOSEPH W.	
STREET ADDRESS	13451 MCGREGOR BLVD, STE 26		STREET ADDRESS	17595 S. TAMiami TRAIL, STE 100	
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.08.00 941-489-3040

CR2E034 (9/99)