

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000060293**1. Entity Name
A BETTER RATE (A.B.R.) MORTGAGE PROFESSIONALS, INC.

Principal Place of Business 11999 49TH STREET NORTH SUITE 102 CLEARWATER FL 33762	Mailing Address 11999 49TH STREET NORTH SUITE 102 CLEARWATER FL 33762
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2. Principal Place of Business 12795 49TH ST. N.	3. Mailing Address 12795 49TH ST. N.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State CLEARWATER FL	City & State CLEARWATER FL
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Zip 33762	Country	Zip 33762	Country
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4. FEI Number 59-3523575	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCGINLEY KEVIN P
11999 49TH STREET NORTH
SUITE 102
CLEARWATER FL 33762**7. Name and Address of New Registered Agent**

Name MCGINLEY KEVIN P
Street Address (P.O. Box Number is Not Acceptable) 12795 49TH ST. N.
City CLEARWATER FL Zip Code 33762

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 _____ DATE **04/09/2001**
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. (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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POZIN MITCHELL 12795 49TH ST NORTH CLEARWATER FL 33762	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGINLEY KEVIN P 12795 49TH ST NORTH CLEARWATER FL 33762	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Kevin P. McGinley

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04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)