

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90020 010 ***150.00

DOCUMENT # P98000062970

1. Entity Name
ACCELERATED MORTGAGE COMPANY

Principal Place of Business

111 TECH DR
SANFORD FL 32771

Mailing Address

111 TECH DR
SANFORD FL 32771

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3596239**

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

PARENTE, RAYMOND

~~882 BRIGHT MEADOW DRIVE~~
~~LAKE MARY FL 32746~~

Name

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

1336 WINTERVILLE ST.

City

DELTONA

FL

Zip Code

32725

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	PARENTE, RAYMOND	
STREET ADDRESS	1336 WINTERVILLE ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASELL, KEVIN A	
STREET ADDRESS	1336 WINTERVILLE ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARENTE, PHYLLIS	
STREET ADDRESS	16 LANSING AVE	
CITY-ST-ZIP	WARWICK RI 02888	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASELL, PATRICIA C	
STREET ADDRESS	226 WESTERN AVE	
CITY-ST-ZIP	SHERBORN MA 01770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(407) 323-5750

Daytime Phone #

CR2E034 (9/01)