

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90246 044 \*\*\*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

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**PARENTE, RAYMOND**  
**7336 WINTERVILLE ST**  
**DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name **KEVIN CASSELL**

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

**442 MOHAVE TER.**

City

**LAKE MARY**

**FL**

Zip Code

**32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/23/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	PARENTE, RAYMOND	
STREET ADDRESS	1336 WINTERVILLE ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASSELL, 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	CASSELL, 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	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSELL, KEVIN	
STREET ADDRESS	442 MOHAVE TER.	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELE, ANGELA	
STREET ADDRESS	105 ALEXANDRA WOODS DR.	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**1/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)