

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90057 038 ***150.00

DOCUMENT # P98000100782

1. Entity Name
A & O MORTGAGE SERVICES, INC.



Principal Place of Business

~~1807 CRYSTAL LAKE DRIVE~~
~~LAKELAND FL 33801~~
1027 COUNTY ROAD 540A
LAKELAND, FL 33813

Mailing Address

~~1807 CRYSTAL LAKE DRIVE~~
~~LAKELAND FL 33801~~
1027 COUNTY ROAD 540A
LAKELAND, FL 33813

2. Principal Place of Business

1027 COUNTY ROAD 540A
Suite, Apt. #, etc.

3. Mailing Address

1027 COUNTY ROAD 540A
Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33813

Country

USA

Zip

33813

Country

USA

6. Name and Address of Current Registered Agent

WILSON, MARK P

~~1807 CRYSTAL LAKE DRIVE~~ **1027 COUNTY ROAD 540A**
~~LAKELAND FL 33801~~ **LAKELAND, FL 33813**

4. FEI Number

59-3544923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES
CHANGE ADDRESS



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

SIGNATURE **MARK P. WILSON, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

03-11-03

DATE

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

TITLE **D** ☐ Delete
NAME **WILSON, MARK P**
STREET ADDRESS ~~1807 CRYSTAL LAKE DRIVE~~ **1027 C.R. 540A**
CITY-ST-ZIP **LAKELAND FL 33801 33813**

TITLE **VP** ☐ Delete
NAME **WILSON, GAIL**
STREET ADDRESS ~~1807 CRYSTAL LAKE DRIVE~~ **1027 C.R. 540A**
CITY-ST-ZIP **LAKELAND FL 33801 33813**

TITLE **ST** ☐ Delete
NAME **WILSON, MARY D**
STREET ADDRESS ~~1807 CRYSTAL LAKE DRIVE~~ **1027 C.R. 540A**
CITY-ST-ZIP **LAKELAND FL 33801 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: **MARK P. WILSON, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03

863-607-9885

Date

Daytime Phone #

CR2E034 (10/02)