

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 07, 2000 08:00 AM
Secretary of State****DOCUMENT # P98000105142****1. Entity Name****ALL AMERICAN MORTGAGE OF GREATER FLORIDA, INC.****Principal Place of Business**

4905 KEYSVILLE AVENUE

SPRING HILL
34608

FL

Mailing Address

4905 KEYSVILLE AVENUE

SPRING HILL
34608

FL

2. Principal Place of Business

12342 US HWY 19

3. Mailing Address

12342 US HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BAYONET POINT

FL

City & State

BAYONET POINT

FL

4. FEI Number**59-3546654**

Applied For

Not Applicable

Zip
34667

Country

Zip
34667

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MINCE JOHN A
4905 KEYSVILLE AVENUESPRING HILL
34608

FL

7. Name and Address of New Registered Agent**Name**

MINCE JOHN A

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

5409 SLATER RD

City
SPRING HILL

FL

Zip Code
34608**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)

01/07/2000

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**

TITLE	DSTP	<input type="checkbox"/> Delete
NAME	MINCE JOHN A	
STREET ADDRESS	4905 KEYSVILLE AVENUE	
CITY-ST-ZIP	SPRING HILL FL 34608	

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"/> Delete
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CITY-ST-ZIP	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DSTP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINCE JOHN A		
STREET ADDRESS	5409 SLATER RD		
CITY-ST-ZIP	SPRING HILL FL 34608		

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		

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		

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:** John A. Mince

DSTP: 01/07/2000