

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000005344**

1. Entity Name

AMERICCHOICE MORTGAGE CORP.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90062 015 ***150.00

Principal Place of Business

Mailing Address

24641 U.S. 19 NO, SUITE # 560
CLEARWATER, FL 33763

2. Principal Place of Business

24641 U.S. 19 NO.

3. Mailing Address

24641 U.S. 19 NO.

Suite, Apt. #, etc.

#560

Suite, Apt. #, etc.

#560

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33763

Country

USA

Zip

33763

Country

USA

4. FEI Number

59-3549546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL R. PENNINGS
2094 GLENCOVE CT.
CLEARWATER, FL 33764

MICHAEL R. PENNINGS

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

2094 GLENCOVE CT.

City

CLEARWATER

FL

Zip Code

33764

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

X Michael R. Pennings

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

(NOTE: Registered Agent signature required when reinstating)

2/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **MICHAEL R. PENNINGS**
STREET ADDRESS **2094 GLENCOVE CT.**
CITY - ST - ZIP **CLEARWATER, FL 33764**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ 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:

X Michael R. Pennings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/00 (727) 723-7255

Daytime Phone #

CR2E034 (9/99)