

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED

Aug 31, 2000 8:00 am
Secretary of State

08-16-2000 90005 012 ***150.00

DOCUMENT # P99000014475

1. Entity Name

AMERICAN MORTGAGE NETWORK

Principal Place of Business

Mailing Address

300 - PLAZA NORTH STE #130
3160 - 5TH AVE No.
ST. PETE, FL 33713

2. Principal Place of Business

SAME
Suite, Apt. #, etc.
130

3. Mailing Address

3160 - 5TH AVE No.

Suite, Apt. #, etc.

City & State

ST. PETE

City & State

FL

4. FEI Number

59-3556362

Applied For

Not Applicable

Zip

33713

Country

U.S.A.

Zip

33713

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

1400 - 38TH ST. No.
ST. PETE, FL 33713

7. Name and Address of New Registered Agent

Name 1400 - 38TH ST. No.

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

DARRELL SHEELEY

City

ST. PETE, FL

Zip Code

33713

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, 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 NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT
DARRELL SHEELEY
1400 - 38TH ST. No.
ST. PETE, FL 33713

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE 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

5-10-00

Date

727/323-8996

Daytime Phone

CR2E034 (9/99)