

2000-UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 15, 2000 8:00 am
Secretary of State

04-03-2000 90188 028 ***150.00

DOCUMENT # P99000021106

1. Entity Name

ABC MORTGAGE ASSOCIATES, INC.

Principal Place of Business

4309 SANDHURST DRIVE
ORLANDO FL 32817

Mailing Address

4309 SANDHURST DRIVE
ORLANDO FL 32817-3353

2. Principal Place of Business

2431 Aloma Ave

3. Mailing Address

2431 Aloma Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

Country

32792 Orange

Zip

Country

32792 Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, MARY V
4309 SANDHURST DRIVE
ORLANDO FL 32817

Name: Mary V. Valdes
Street Address (P.O. Box Number is Not Acceptable): 4309 Sandhurst Drive

City: Orlando FL Zip Code: 32817

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: Mary V. Valdes Mary V. Valdes

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: D
NAME: VALDES, MARY V
STREET ADDRESS: 4309 SANDHURST DRIVE
CITY-ST-ZIP: ORLANDO FL 32817 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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:

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

TITLE: ☐ Change ☐ 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: Mary V. Valdes Mary V. Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-678-2230

CR2E034 (9/99)