

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90062 042 ***150.00

DOCUMENT # P99000021468

1. Entity Name
A PLUS MORTGAGE AND FINANCIAL SERVICES, INC.

Principal Place of Business 2090 S NOVA RD SUITE B222 S DAYTONA FL 32119	Mailing Address 2090 S NOVA RD SUITE B222 S DAYTONA FL 32119
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2. Principal Place of Business 5889 Airport Road	3. Mailing Address 5889 Airport Road
Suite, Apt. #, etc. Suite 230	Suite, Apt. #, etc. Suite 203
City & State Port Orange, FL	City & State Port Orange, FL
Zip 32124	Country Volusia



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FOSTER, DONNA M 6341 PARIA CT PORT ORANGE FL 32124	7. Name and Address of New Registered Agent Name Russell Myers Street Address (P.O. Box Number is Not Acceptable) 5889 Airport Road, Suite 203 City Port Orange FL Zip Code 32124
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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 *Russell F. Myers* **Russell F. Myers President 2/22/01**
Signature (Typed or printed name of registered agent; and title is acceptable. (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, DONNA M 6341 PARIA CT PORT ORANGE FL 32124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Russell Myers 5889 Airport Road, Suite 203 Port Orange, FL 32124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Basil Bixby 5889 Airport Road, Suite 203 Port Orange, FL 32124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Russell F. Myers* **Russell F. Myers 2/22/01 904-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days Month Year
304-0726

CR2E034 (10/00)