

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021468

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

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90123 035 ***150.00

| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business 5889 AIRPORT RD STE 230 PORT ORANGE FL 32124 | Mailing Address 5889 AIRPORT RD STE 230 PORT ORANGE FL 32124 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

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|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

| | | |
|---------------------|---------------------|---------|
| City & State Zip | City & State Zip | Country |
|---------------------|---------------------|---------|

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3555419 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|--------------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MYERS, RUSSELL 5889 AIRPORT RD STE 203 PORT ORANGE FL 32124 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|-------------------------------------------------------------------------------------------------------------------|

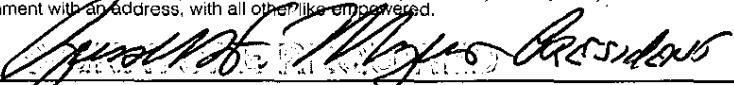
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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 | P MYERS, RUSSELL 5889 AIRPORT RD STE 203 PORT ORANGE FL 32124 | <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 | ST BIXBY, BASIL 5889 AIRPORT RD STE 203 PORT ORANGE FL 32124 | <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 |
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| 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: 

2/5/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/20/2002
2002

CR25034 (9/01)