2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000023450

1. Entity Name
UNITED MORTGAGE AFFILIATES, INC.

Principal Place of Business	Mailing Address
6544 US HWY 41 , SUITE 101B APOLLO BEACH, FL 33572 US	6544 US HWY 41 , SUITE 101B APOLLO BEACH, FL 33572 US

DO NOT WRITE IN THIS SPACE

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C1282000   No Chg P   QR2E001 (11/00)

4. FEI Number	Applied For
59-3559357	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VANDERMAST, LEONARD III
6213 MARBELLA BLVD
APOLLO BEACH, FL 33572

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VANDERMAST, LEONARD III
STREET ADDRESS	6213 MARBELLA BLVD
CITY-ST-ZIP	APOLLO BEACH, FL 33572

TITLE	VP
NAME	GARDNER, CAROLE
STREET ADDRESS	5208 GOLDEN ISLES DRIVE
CITY-ST-ZIP	APOLLO BEACH, FL 33572

TITLE	ST
NAME	VANDERMAST, SUSAN E
STREET ADDRESS	6213 MARBELLA BLVD.
CITY-ST-ZIP	APOLLO BEACH, FL 33572

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/28/2008   813-645-4588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #