

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90001 045 ***150.00

DOCUMENT # P99000025011

1. Entity Name
ASSEMBLED MORTGAGE SERVICES, INC.

Principal Place of Business
1277 NORTH SEMORAN BLVD.
SUITE 102
ORLANDO FL 32807

Mailing Address
1277 NORTH SEMORAN BLVD.
SUITE 102
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite # 115

Suite, Apt. #, etc.

Suite # 115

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3563050**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTER, HENRY B

576 NORTH SEMORAN BLVD. Ste # 115
ORLANDO FL 32807

Name **Henry B. Carpenter**

Street Address (P.O. Box Number is Not Acceptable) **1277 North Semoran Boulevard**

Suite # 115

City **Orlando**

FL

Zip Code **32807**

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

Henry B. Carpenter, Registered Agent

2/12/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Delete
NAME **CARPENTER, HENRY B**
STREET ADDRESS **564 NORTH SEMORAN BLVD. Ste # 115**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **PVST** ☒ Change ☐ Addition
NAME **HENRY B. CARPENTER**
STREET ADDRESS **1277 NORTH SEMORAN BOULEVARD**
CITY-ST-ZIP **ORLANDO, FL 32807 SUITE # 115**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 **Henry B. Carpenter**

2/12/02 (407) 808-2267

Date

Daytime Phone #

CR2E034 (9/01)