

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025924

1. Entity Name

AFFORDABLE HOME EQUITY LOANS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90138 017 ***158.75

Principal Place of Business

10936 N 56TH ST
203
TAMPA FL 33617

Mailing Address

10936 N 56TH ST
203
TAMPA FL 33617

2. Principal Place of Business

407 Audubon Ave

Suite, Apt. #, etc.

Unit 4

City & State

Tampa, FL

Zip

33609

Country

3. Mailing Address

407 S. AUDUBON AVE

Suite, Apt. #, etc.

Unit 4

City & State

Tampa, FL

Zip

33609-4139

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3575702

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIST, MELVIN B
407 S. AUDUBON AVE., UNIT 4
TAMPA FL 33609-4139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

Zip Code

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

Melvin B. List

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

4/17/01

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, 2001 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	PS	<input type="checkbox"/> Delete
NAME	LIST, MELVIN B	
STREET ADDRESS	407 S. AUDUBON AVE., UNIT 4	
CITY - ST - ZIP	TAMPA FL 33609-4139	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GOSS, TRENT C	
STREET ADDRESS	10912 N. 56TH ST.	
CITY - ST - ZIP	TEMPLE TERR. FL 33610	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIMICICH, SHARON K	
STREET ADDRESS	10912 N. 56TH ST., SUITE D	
CITY - ST - ZIP	TEMPLE TERR. FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Melvin B. List

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

DATE

688-26189

Daytime Phone #

CR2E034 (10/00)