

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000030590**

1. Entity Name

A-Z MORTGAGE CORPORATION**FILED**
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90011 029 ***150.00

Principal Place of Business

Mailing Address

**6213 RAINIER CIRCLE
PORT ORANGE FL 32127****6213 RAINIER CIRCLE
PORT ORANGE FL 32127-9521**

2. Principal Place of Business

671 BEVILLE RD

3. Mailing Address

671 BEVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SOUTH DAYTONA FL

City & State

SOUTH DAYTONA FL

4. FEI Number

59-3569554

Applied For

Not Applicable

Zip

32119

Country

Zip

32119

Country

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****SWIATLOWSKI, RICHARD S
6213 RAINIER CIRCLE
PORT ORANGE FL 32127**

Name

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

City

FL

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

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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **SWIATLOWSKI, RICHARD S**
STREET ADDRESS **6213 RAINIER CIRCLE**
CITY-ST-ZIP **PORT ORANGE FL 32127**TITLE ☒ Change ☐ Addition
NAME **671 BEVILLE RD**
STREET ADDRESS **SOUTH DAYTONA FL 32119**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #