

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 99900055047

1. Entity Name
Alternative Mortgage, Incorporated

Principal Place of Business
OLD address
13505 Summit Avenue
Tampa FL 33613

2. Principal Place of Business
9384 N. 56th Street
Suite, Apt. #, etc.
Suite # 4

City & State
Temple Terrace Florida
Zip
33617
Country
U.S.A.

3. Mailing Address
P.O. Box 16725
Suite, Apt. #, etc.
Suite # 4
City & State
Tampa, FL
Zip
33687-6725
Country
U.S.A.

FILED

00 OCT 19 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FFL Number
69-3585349
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
William A. Vasden
P.O. Box 16725
9384 N. 56th Street
Suite # 4
Tampa, FL 33687-6725
Temple Terrace, FL 33617

7. Name and Address of New Registered Agent
Name
William A. Vasden
Street Address (P.O. Box Number is Not Acceptable)
9384 N. 56th Street
Suite # 4
Temple Terrace **FL** Zip Code
33617

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete President William A. Vasden 9384 N. 56th Street, Suite # 4 Temple Terrace, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003438043--3 -10/24/00--01032-002 *****150.00 *****150.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **William A. Vasden** **10-5-00** **(813) 558-8382**
Date Daytime Phone #
Ant 7099 3400 0019 5231 0414

CR2E034 (9/99)



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September 11, 2000

Express Mail # EK588201944US

Division of Corporations
409 East Gaines Street
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

My Accountant has expressed grave concerns regarding a Uniform Business Report filing of which I have no information. To my knowledge I have never received any correspondence regarding such a report. In lieu of an actual report please utilize the information within this letter. Our street address follows:

Alternative Mortgage, Incorporated
13505 Summit Avenue
Tampa, Florida 33613

Our telephone number is (813) 558-8382. Our articles of incorporation were filed June 16, 1999 and the document number is P99000055047. Our Federal Employer Identification number is 59-3585349. I have included a check for \$150.00 for our filing fee.

If there are any questions whatsoever please feel free to contact me. Thank you in advance for your gracious consideration in this matter.

Respectfully,

William A. Vasden, President
and Current Registered Agent

Cert # 7099 3400 0019 5231 0414