2002 UNIFORM BUSINESS REPORT (UBR)

Aug 19, 2002 8:00 am Secretary of State P99000066804 DOCUMENT # 1. Entity Name 08-19-2002 90149 027 ***150.00 AMERIFINANCIAL MORTGAGE CORPORATION Principal Place of Business Mailing Address 975727 7210 ULMERTON RD 7210 ULMERTON RD UNIT E LINIT F **LARGO FL 33771 LARGO FL 33771** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3587703 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATIDES, PELAGIA K Street Address (P.O. Box Number is Not Acceptable) 7733 JUSTIN COURT NORTH ST. PETERSBURG FL 33709 # 2104 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition PATIDES, PELAGIA K NAME NAME 7733 JUSTIN COURT NORTH 1050 Starkey Road # 2104 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP : -☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-ST-7iP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3 (7)(7 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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 of 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. 8-8-02 (727)535-8200 SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IP

CR2E034 (4/02)

FILED



Peggy K. Patides, President

19900066804

August 8, 2002

Florida Department of State Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report

Enclosed is our corporate check number 1885 for payment of our filing fee. We did not receive a report or notice for filing prior to this one therefore, I would like to request that the additional penalty be waived. I thank you for your consideration.

Sincerely

Pelagia (Peggy) K. Patides

President