

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90155 029 ***158.75

DOCUMENT # **P99000069395** ✓
 1. Entity Name
Affordable Home Mortgage, Inc.

Principal Place of Business Mailing Address
3408 W. SAN JUAN ST. # A **3408 W. SAN JUAN ST. # A**
TAMPA, FL. 33629 **TAMPA, FL. 33629**

A0056772

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3590819 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Clayton A. Heitler
3408 W. SAN JUAN ST. # A
TAMPA, FL. 33629

7. Name and Address of New Registered Agent
 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 _____ (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, 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 | President | <input type="checkbox"/> Delete |
| NAME | Clayton A. Heitler | |
| STREET ADDRESS | 3408 W. SAN JUAN ST #A | |
| CITY-ST-ZIP | TAMPA, FL. 33629 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------|--|
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SAMMY P. WOODARD | |
| STREET ADDRESS | 5700 Bayou Grande Blvd. NE. | |
| CITY-ST-ZIP | St. Petersburg, FL. 33703 | |
| TITLE | Secretary Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rudolph L. Heitler | |
| STREET ADDRESS | 2224 Coffee Pot Blvd. | |
| CITY-ST-ZIP | St. Petersburg, FL. 33704 | |
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Andrew P. Wood | |
| STREET ADDRESS | 844 - 27th Ave North | |
| CITY-ST-ZIP | St. Petersburg, FL. 33704 | |
| 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 | | |
| 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: **Sammy P. Woodard - Sammy P. Woodard** 4/11/01 813.831.9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)