

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

0437132 AV

DOCUMENT # P99000069395

1. Entity Name

AFFORDABLE HOME MORTGAGE, INC.

02-24-2002 90028 022 ***150.00

Principal Place of Business

**3408 W. SAN JUAN ST., #A
TAMPA FL 33629**

Mailing Address

**3408 W. SAN JUAN ST., #A
TAMPA FL 33629**

2. Principal Place of Business

4039 S. Dale Mabry Hwy

3. Mailing Address

4039 S. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL.

City & State

Tampa, FL.

Zip

33611

Country

Hillsborough

Zip

33611

Country

Hillsborough

4. FEI Number

59-3590819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEITLER, CLAYTON A
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

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

Clayton A Heitler
(NOTE: Registered Agent signature required when reinstating)

2-12-02
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, 2002 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 **P** ☐ Delete
NAME **HEITLER, CLAYTON A**
STREET ADDRESS **3408 W. SAN JUAN ST., #A**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **VP** ☐ Delete
NAME **WOODARD, SAMMY P**
STREET ADDRESS **5700 BOYOU GRANDE BLVD. NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **ST** ☐ Delete
NAME **HEITLER, RUDOLPH L**
STREET ADDRESS **2224 COFFER POT BLVD.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **VP** ☐ Delete
NAME **WOOD, ANDREA P**
STREET ADDRESS **844 27TH AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ 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)(f), 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:

Clayton A. Heitler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02

Date

813-831-9330

Daytime Phone #

CR2E034 (9/01)