

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90139 025 \*\*\*150.00

**DOCUMENT # P99000086565**

1. Entity Name  
**ASSOCIATES HOME MORTGAGE CORP.**



Principal Place of Business  
**716 N.W. 57TH STREET  
FORT LAUDERDALE FL 33309**

Mailing Address  
**716 N.W. 57TH STREET  
FORT LAUDERDALE FL 33309**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**21301 Powerline Road**

3. Mailing Address

**21301 Powerline Road**

Suite, Apt. #, etc.

**Suite 105**

Suite, Apt. #, etc.

**Suite 105**

City & State

**Boca Raton Florida**

City & State

**Boca Raton Florida**

4. FEI Number

**65-0950837**

Applied For

Not Applicable

Zip

**33433**

Country

**Palm Beach**

Zip

**33433**

Country

**Palm Beach**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EVANS, FRANK  
716 N.W. 57TH STREET  
FORT LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Frank Evans  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/8/03  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **EVANS, FRANK**  
STREET ADDRESS **716 N.W. 57TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME **(Address change only)**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Evans Frank**  
STREET ADDRESS **21301 Powerline Rd. suite 105**  
CITY-ST-ZIP **Boca Raton, FL 33433**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Evans  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/03  
Date

561-477-1136  
Daytime Phone #

CR2E034 (10/02)