

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000099797	
1. Entity Name Absolute Mortgage Professionals, Inc.	
	
Principal Place of Business 1018 THOMASVILLE ROAD 200 R TALLAHASSEE, FL 32303	Mailing Address 1018 THOMASVILLE ROAD 200 R TALLAHASSEE, FL 32303
2. Principal Place of Business 221-1 Delta Ct	3. Mailing Address 221-1 Delta Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tallahassee FL	City & State TLH FL
Zip 32303	Country USA
4. FEI Number 59-3605726	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VICKERS, JEFFERY 8584 HANNARY CIR. TALLAHASSEE, FL 32312	
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  DATE 4/15/03 (NOTE: Registered Agent signature required when resigning.)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP P VICKERS, JEFFERY 8584 HANNARY CIRCLE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE 4/15/03 8584/5611166 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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☒ CHECK HERE IF MAKING CHANGES

OR2EC04 (10/02)