

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90450 036 ***150.00

DOCUMENT # P99000102623 ✓
1. Entity Name
AMERPLUS Mortgage Corporation

DO NOT WRITE IN THIS SPACE

672014

2. Principal Place of Business
746 Rosalie Way
Suite, Apt. #, etc.

3. Mailing Address
746 Rosalie way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WINTER SPRINGS
Zip 32708 Country

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4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KIRK E. - MARTIN
Street Address (P.O. Box Number is Not Acceptable)
746 Rosalie way
City Winter Springs **FL** Zip Code 32708

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 _____
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 Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres</u> <u>KIRK E. MARTIN</u> <u>746 ROSALIE WAY</u> <u>WINTER SPRINGS FL 32708</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kirk E Martin 5-17-02 407-699-5095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #