## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # **P94000061989** May 01, 2000 8:00 am Secretary of State AMERICAN FINANCE COMPANY OF NORTHWEST FLORIDA, I 05-01-2000 90061 050 \*\*\*150.00 Principal Place of Business Mailing Address 29 N EGLIN PARKWAY 29 N EGLIN PARKWAY FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3264062 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEASLEY, J LARRY SR. Street Address (P.O. Box Number is Not Acceptable) 29 N EGLIN PARKWAY FT WALTON BEACH FL 32548 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE NAME TRINGAS, JOHN J NAME STREET ADDRESS STREET ADDRESS 29 N EGLIN PARKWAY CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32548 Change □ Addition TITLE ☐ Delete TITLE NAME TRINGAS, ALEX J NAME STREET ADDRESS STREET ADDRESS 29 N EGLIN PARKWAY CITY-ST-ZIP CITY-ST-7IP FT WALTON BEACH FL 32548 TITLE Delete TITLE Change ☐ Addition TRINGAS, LARK NAME NAME STREET ADDRESS STREET ADDRESS 29 N EGLIN PARKWAY CITY-ST-7IP CITY-ST-ZIP FT WALTON BEACH FL 32548 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEASLEY, LARRY J SR NAME STREET ADDRESS 29 N EGLIN PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT WALTON BEACH FL 32548 ☐ Change ☐ Addition TITLE Delete NAME REINHARD, JENNIFER NAME STREET ADDRESS STREET ADDRESS 29 N EGLIN PARKWAY CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

-Larry Beasley Sr.

SIGNATURE AND TYPED OR PHILED NAME OF SIGNING OFFICER OR DI