

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90402 010 ***150.00

DOCUMENT # P94000065419

1. Entity Name
RECEIVABLE FUNDING, INC.

Principal Place of Business 7109 PELICAN ISLAND DR. TAMPA FL 33622	Mailing Address P.O. BOX 23412 TAMPA FL 33622
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14620 N. NEBRASKA AVE Suite, Apt. #, etc. BLDG B	3. Mailing Address P.O. BOX 17135 Suite, Apt. #, etc.
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33613	Country US
Zip 33682	Country US

4. FEI Number 59-3267209	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FURLONG, RICHARD
 7109 PELICAN ISLAND DR.
 TAMPA FL 33607

7. Name and Address of New Registered Agent
 Name: **RICHARD FURLONG**
 Street Address (P.O. Box Number is Not Acceptable)
14620 N. NEBRASKA AVE, BLDG B
 City: **TAMPA** FL Zip Code **33613**

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: **3/26/01**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P BYRD, J. WILLIAM 1478 BRIAR OAKS TRAIL ATLANTA GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FURLONG, RICHARD 7109 PELICAN ISLAND DR TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 345 BAYSHORE BLVD, #1207 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **3/26/01** DAYTIME PHONE #: **813-287-9996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)