

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90045 029 ***150.00

DOCUMENT # P96000040257

1. Entity Name
ATSUN FINANCIAL SERVICES OF FLORIDA, INC.

Principal Place of Business Mailing Address
94 HARBOR OAKS CIRCLE **94 HARBOR OAKS CIRCLE**
SAFETY HARBOR FL 34695-2829 **SAFETY HARBOR FL 34695-2829**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 1798**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PLANT CITY, FL

Zip Country Zip Country
33564 **Hillsboro**



DO NOT WRITE IN THIS SPACE

4. FEI Number **69-3378869** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUNSKI, MATTHEW J 94 HARBOR OAKS CIRCLE SAFETY HARBOR FL 34695-2829		Name DAVID R. GIFFORD Street Address (P.O. Box Number is Not Acceptable) 3711 TREE LINE DRIVE City VALRICO FL Zip Code 33594	

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 *David R Gifford* DATE *4/25/2000*
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNSKI, MATTHEW J 94 HARBOR OAKS CIRCLE SAFETY HARBOR FL 34695-2829 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVID R. GIFFORD 3711 TREE LINE DRIVE VALRICO, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TREAS DONALD W. HURSEY PO BOX 757 PLANT CITY, FL 33564 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: *Donald W. Hursey* DATE *4/25/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)