

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90056 004 ***550.00

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DOCUMENT # P97000064705

1. Entity Name
MERCHANTS ACCEPTANCE CORPORATION

Principal Place of Business
**8299 CASSIA TERRACE
 TAMARAC FL 33321**

Mailing Address
**8299 CASSIA TERRACE
 TAMARAC FL 33321
 US**

A0084248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8333 W. McNab Rd
 Suite, Apt. #, etc.
Suite 114

3. Mailing Address
8299 Cassia Terrace
 Suite, Apt. #, etc.

City & State
Tamarac - FL
 Zip
33321 Country
USA

City & State
Tamarac FL
 Zip
33321 Country
USA

4. FEI Number **65-0773516** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SAGAL, STEVE
8299 CASSIA TERRACE
TAMARAC FL 33321

7. Name and Address of New Registered Agent
 Name
 Street Address
 City **Tamarac** **FL** Zip **33321**

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 **Steven A. Sagal** (NOTE: Registered Agent signature required upon reappointment)
 DATE **9/4/2001**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D SAGAL, STEVE 8299 CASSIA TERR TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, DEANNA 8299 Cassia Terrace Tamarac, FL 33321	<input type="checkbox"/> Change <input checked="" 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
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: **Deanna Kessler**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/4/2001** Daytime Phone # **954 553 6222**

CR2E034 (5/01)