

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 582710

1. Entity Name
SEMINOLE FINANCE CORPORATION

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90058 004 ***150.00

00018847



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 5801 ULMERTON RD #203 CLEARWATER FL 33760 US | Mailing Address 5801 ULMERTON RD #203 CLEARWATER FL 33760 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

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|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number 59-1848241 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent KRIZMANICH, MICHAEL 5801 ULMERTON ROAD SUITE 200 203 CLEARWATER FL 34620 33760 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KRIZMANICH, VINCETTA 5715 SEMINOLE BLVD. SEMINOLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5801 Ulmerton Road, Ste. # Clearwater, FL 33760 <input checked="" type="checkbox"/> Change <input 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: Michael Krizmanich MICHAEL KRIZMANICH 2/4/01 (727) 530-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0367282
CR2E034 (10/00)