

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000208

1. Entity Name

DDS FUNDING L.P.

FILED

01 APR 20 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10 S. BROADWAY, STE. 1400
ST. LOUIS MO 63102

Mailing Address

10 S. BROADWAY, STE. 1400
ST. LOUIS MO 63102

2. Principal Place of Business

5800 Corporate Way
Suite, Apt. #, etc.

3. Mailing Address

5800 Corporate Way
Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip 33407
Country USA

City & State

West Palm Beach, FL

Zip 33407
Country USA

4. FEI Number

43-1761590

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P93000072191
NAME SECURITY LEASING CORPORATION
STREET ADDRESS 10 S. BROADWAY, STE. 1400
CITY-ST-ZIP ST. LOUIS MO 63102

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BRANCH: DEPT:
G.L. #: 915-90
APPROVED BY: ENTERED APR 13 2001

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05/03/01-01115-020

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED Member

4/17/01

561-687-1910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

018555 AF