## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # F9400005441 Jan 27, 2000 8:00 am 1. Entity Name SECURITY NATIONAL AUTOMOTIVE ACCEPTANCE CORPORAT **Secretary of State** 01-27-2000 90112 032 \*\*\*150.00 Principal Place of Business Mailing Address 6951 CINTAS BLVD. 6951 CINTAS BLVD. MASON OH 45040-8923 MASON OH 45040 2. Principal Place of Business 3. Mailing Address Same sam e Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 31-1270197 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent, 7. Name and Address of New Registered Agent -CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD PLANTATION FL 33324 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DCEO** ☐ Change ☐ Addition TITLE TITLE Delete CATINO, THEODORE A NAME NAME STREET ADDRESS 6951 CINTAS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MASON OH 45040** PSD ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAMÉ CATINO, BEVERLY A NAME STREET ADDRESS 6951 CINTAS BLVD. STREET ADDRESS CITY-ST-ZIP MASON OH 45040 CITY-ST-ZIP ☐ Change ☐ Addition CFOD Delèté TITLE SHARP, KENNETH J NAME NAME STREET ADDRESS STREET ADDRESS 6951 CINTAS BLVD. CITY-ST-ZIP MASON OH 45040 CITY-ST-ZIP Chief Operating Officer Jennifer L. Reid. ☐ Change ☐ Addition TITLE TITLE NAME NAME 6951 Cintas Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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