

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90285 021 ***150.00

DOCUMENT # F96000001375

1. Entity Name
AMERICAN BUSINESS FINANCIAL SERVICES, INC.

Principal Place of Business
111 PRESIDENTIAL BLVD., #215
BALA CYNWYD PA 19004

Mailing Address
P O BOX 982
BALA CYNWYD PA 19004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **87-0411807**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE _____
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, 2001 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 **V** ☒ Delete
 NAME **LEVIN, DAVID M**
 STREET ADDRESS **111 PRESIDENTIAL BLVD., STE. 215**
 CITY-ST-ZIP **BALA CYNWYD PA**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **AUNGST, RICHARD**
 STREET ADDRESS **111 PRESIDENTIAL BLVD STE 215**
 CITY-ST-ZIP **BALA CYNWYD PA 19004** ☐ Change ☐ Addition

TITLE **V** ☐ Delete
 NAME **RUBEN, JEFFREY**
 STREET ADDRESS **111 PRESIDENTIAL BLVD., #215**
 CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
 NAME **SANTILLI, BEVERLY**
 STREET ADDRESS **111 PRESIDENTIAL BLVD., #215**
 CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TDC** ☐ Delete
 NAME **SANTILLI, ANTHONY**
 STREET ADDRESS **111 PRESIDENTIAL BLVD., #215**
 CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **KAUFMAN, RICHARD**
 STREET ADDRESS **111 PRESIDENTIAL BLVD., #215**
 CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **BECKER, LEONARD**
 STREET ADDRESS **111 PRESIDENTIAL BLVD., #215**
 CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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: *R. Aungst*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01
 Date

610-949-7094
 Daytime Phone #

CR2E034 (10/00)