

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90004 011 ***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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	AUNGST, RICHARD	
STREET ADDRESS	111 PRESIDENTIAL BLVD., STE. 215	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUBEN, JEFFREY	
STREET ADDRESS	111 PRESIDENTIAL BLVD., #215	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANTILLI, BEVERLY	
STREET ADDRESS	111 PRESIDENTIAL BLVD., #215	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	TDC	<input type="checkbox"/> Delete
NAME	SANTILLI, ANTHONY	
STREET ADDRESS	111 PRESIDENTIAL BLVD., #215	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFMAN, RICHARD	
STREET ADDRESS	111 PRESIDENTIAL BLVD., #215	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, LEONARD	
STREET ADDRESS	111 PRESIDENTIAL BLVD., #215	
CITY-ST-ZIP	BALA CYNWYD PA 19004	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)