

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F96000003754

1. Entity Name

FINANCIAL SERVICES ACCEPTANCE CORPORATION

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90002 007 ***150.00

Principal Place of Business

Mailing Address

7400 Bay Meadows Way
324
Jacksonville FL 32256

9311 San Pedro Ave
San Antonio, TX 78216

2. Principal Place of Business

900 University Blvd North

3. Mailing Address

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

4. FEI Number

74-2748275

Applied For

Not Applicable

Zip
32211

Country
USA

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

CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation FL 33324

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, 2000 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 PD ☐ Delete
NAME Dudley, Gary L
STREET ADDRESS 9311 San Pedro Ave
CITY-ST-ZIP San Antonio TX 78216

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

TITLE VSTD ☐ Delete
NAME Amato, Charles E.
STREET ADDRESS 9311 San Pedro Ave
CITY-ST-ZIP San Antonio TX 78216

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Gary Dudley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1500

Date

(210) 525-1241

Daytime Phone #

CR2E034 (9/99)