

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000421

1. Entity Name

NATIONAL AUTO FINANCE COMPANY, INC. OF DELAWARE

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90133 050 ***150.00

Principal Place of Business Mailing Address
10302 DEERWOOD PARK BLVD. 10302 DEERWOOD PARK BLVD.
STE 100 STE 100
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0688619** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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. 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

TITLE	DC	<input type="checkbox"/> Delete
NAME	SHAPIRO, GARY I	
STREET ADDRESS	621 NW 53RD ST #200	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SHAPIRO, GARY I	
STREET ADDRESS	621 NW 53RD ST #200	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DCT	<input type="checkbox"/> Delete
NAME	STEIN, KEITH B	
STREET ADDRESS	1325 AVE OF THE AMERICAS #1200	
CITY-ST-ZIP	NY NY 10019	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TIPTON, ROY E	
STREET ADDRESS	621 NW 53RD ST #200	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	V.	<input type="checkbox"/> Delete
NAME	MAGRO, WILLIAM	
STREET ADDRESS	621 NW 53RD ST #200	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VCOO	<input type="checkbox"/> Delete
NAME	MCDONALD, BLANE H	
STREET ADDRESS	621 NW 53RD ST #200	
CITY-ST-ZIP	BOCA RATON FL 33487	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

See attached list

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

Stephen R. Veth, Vice President

1/17/99 904-486-1151
Date Daytime Phone #