

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90067 044 ***150.00

0605107

DOCUMENT # F97000004029

1. Entity Name

ALABAMA COMMERCIAL FINANCE, INC.

Principal Place of Business

**3 OFFICE PARK CIRCLE, STE. 300
BIRMINGHAM AL 35223**

Mailing Address

**3 OFFICE PARK CIRCLE, STE. 300
BIRMINGHAM AL 35223**

2. Principal Place of Business

3. Mailing Address

117 S. CREST DRIVE**117 S. CREST DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100**100**

City & State

City & State

BIRMINGHAM, AL**BIRMINGHAM, AL**

Zip

Zip

Country

Country

35209-4726 JEFFERSON**35209-4726 JEFFERSON**

6. Name and Address of Current Registered Agent

4. FEI Number

63-1063159

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**C T 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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P ROEHRIK, DIANE D	3 OFFICE PARK CIRCLE, STE. 300	BIRMINGHAM AL 35223	

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)