

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 90727 007 \*\*\*150.00

**DOCUMENT # F97000004029**

1. Entity Name  
**ALABAMA COMMERCIAL FINANCE, INC.**

Principal Place of Business <b>117 S. CREST DRIVE                  100                  BIRMINGHAM AL 35209-4726</b>	Mailing Address <b>117 S. CREST DRIVE                  100                  BIRMINGHAM AL 35209-4726</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>63-1063159</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROEHRIG, DIANE D 3 OFFICE PARK CIRCLE, STE. 300 BIRMINGHAM AL 35223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Roehrig, Diane D 117 Southcrest Drive Suite 100 Birmingham, AL 35209</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:** *Diane D Roehrig* **5/08/02** **800 239 5909**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment & Draft F97000004029

867594

May 9, 2002

Uniform Business Report 2002  
Division / State of Florida  
P.O. Box 1500  
Tallahassee, Florida 32302-1500



Alacom Finance

RE: Waiver of Late Fee

To Whom It May Concern:

I am in receipt of your invoice for the Division of State /Florida, Uniform Business Report 2002.

A check is enclosed for \$150.00 for the fee charged for this registry.

I am aware that the penalty for providing this information after May 1, 2002, is \$550.00, however I spoke with an officer in this division and she asked I write this letter regarding the waiver of that fee.

My executive director has been out of the office due to a serious family illness. The illness was cancer and the prognosis was terminal. Due to her absence over an extended period of time we had no one authorized to sign non-payroll related checks. There was no signing authority outside of the director while the director was involved in this situation. I have had to rely on our accounting firm to handle each transaction based on wire or draft payments. This accountant had no other pay option available, therefore I was delayed in sending a payment by check.

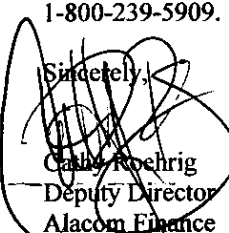
This week my executive director has returned and is back in the office, therefore we can now issue checks.

Under these circumstances, I am requesting a waiver of the \$550.00.

Please feel free to call me and discuss this request in more detail, if you have any questions.

1-800-239-5909.

Sincerely,

  
Cathy Roehrig  
Deputy Director  
Alacom Finance

Please note our address has changed to:  
117 Southcrest Drive, Suite 100  
Birmingham, Alabama 35209