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FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005217 (1)

1. Corporation Name

UAC SECURITIZATION CORPORATION

Principal Place of Business

Mailing Address

9240 BONITA BEACH ROAD, STE 1109
BONITA SPRINGS FL 34133

9240 BONITA BEACH ROAD, STE 1109
BONITA SPRINGS FL 34133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

35-1937340

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

34135

Country

USA

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

34135

Country

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME WEST, THOMAS M
STREET ADDRESS 1614 LANDS ENDS VILLAGE
CITY-ST-ZIP CAPTIVA FL

TITLE VSAT ☐ DELETE
NAME GRAZIANI, LEEANNE
STREET ADDRESS 3249 PINE RIDGE ROAD #101
CITY-ST-ZIP NAPLES FL

TITLE AST ☐ DELETE
NAME WAGONER, RICHARD A
STREET ADDRESS 2394 NASH STREET
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE
NAME STAINBROOK, JOHN M
STREET ADDRESS 2953 FOXBOROUGH DRIVE
CITY-ST-ZIP GREENWOOD IN

TITLE D ☐ DELETE
NAME VONDEYLEN, JERRY D
STREET ADDRESS 8211 LAKE SPRINGS COURT
CITY-ST-ZIP INDIANAPOLIS IN

TITLE D ☒ DELETE
NAME FOSTER, AMANDA D
STREET ADDRESS 810 BLACKSHIRE ROAD
CITY-ST-ZIP WILMINGTON DE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3225 CYPRESS GLEN WAY #101
NAPLES, FL 34109

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

250 N. SHADELAND AVENUE
INDIANAPOLIS, IN 46219

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

250 N. SHADELAND AVENUE
INDIANAPOLIS, IN 46219

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
GARY MULLENBIX
3301 GLEN CAIRN COURT #204
BONITA SPRINGS, FL 34134

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John W. Mullenbix

2/6/98

941/948-1850

CR2E034 (10/97)