

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006141

1. Entity Name

ANYTIME ACCESS ACCEPTANCE, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90100 005 ***150.00

Principal Place of Business

Mailing Address

1860 HOWE AVENUE, SUITE 161
SACRAMENTO CA 95825

1860 HOWE AVENUE, SUITE 161
SACRAMENTO CA 95825

2. Principal Place of Business

1750 Creekside Oaks Drive

3. Mailing Address

1750 Creekside Oaks Drive

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Sacramento, CA

City & State

Sacramento, CA

4. FEI Number

94-3340317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 PD ☐ Delete
NAME WIDICK, DALLIS E
STREET ADDRESS 1750 CREEKSIDE OAKS DRIVE, SUITE 100
CITY-ST-ZIP SACRAMENTO CA 95833

TITLE CD ☐ Delete
NAME BOLLUM, THOMAS R
STREET ADDRESS 1750 CREEKSIDE OAKS DRIVE, SUITE 100
CITY-ST-ZIP SACRAMENTO CA 95833

TITLE SD ☐ Delete
NAME NORGARD, JOHN A
STREET ADDRESS 1750 CREEKSIDE OAKS DRIVE, SUITE 100
CITY-ST-ZIP SACRAMENTO CA 95833

TITLE DCFO ☐ Delete
NAME MILLS, STEVEN R
STREET ADDRESS 1750 CREEKSIDE OAKS DRIVE, SUITE 100
CITY-ST-ZIP SACRAMENTO CA 95833

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Norgard, Secretary 3/22/00 916/561-2828

Date

Daytime Phone #

CR2E034 (9/99)