

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K17832**1. Entity Name  
AUTO CREDIT OF FLORIDA, INC.

## Principal Place of Business

701 FISK ST  
SUITE 310  
JACKSONVILLE FL  
32204

## Mailing Address

701 FISK ST  
SUITE 310  
JACKSONVILLE FL  
32204

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**59-2877915**

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

WIKER, PAMELA  
701 FISK STJACKSONVILLE FL  
32204

## 7. Name and Address of New Registered Agent

Name

WIKER PAMELA L

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

701 FISK ST

SUITE 310

City

JACKSONVILLE

FL

Zip Code  
32204

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 **PAMELA L. WIKER****02/26/2001**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME LONG WILLIAM A  
STREET ADDRESS 10024 N FLORIDA AVE  
CITY-ST-ZIP TAMPA FL 33612TITLE D ☒ Change ☐ Addition  
NAME LONG WILLIAM A  
STREET ADDRESS 11024 N FLORIDA AVE  
CITY-ST-ZIP TAMPA FL 33612TITLE ST ☐ Delete  
NAME KANE WILLIAM H  
STREET ADDRESS 701 FISK ST SUITE 200  
CITY-ST-ZIP JACKSONVILLE FL 32204TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DC ☐ Delete  
NAME MATHENY LAWRENCE M J  
STREET ADDRESS 701 FISK ST, SUITE 200  
CITY-ST-ZIP JACKSONVILLE FL 32204TITLE DC ☒ Change ☐ Addition  
NAME MATHENY LAWRENCE M J  
STREET ADDRESS 701 FISK ST, SUITE 200  
CITY-ST-ZIP JACKSONVILLE FL 32204TITLE P ☐ Delete  
NAME WIMBERLY GLYNN  
STREET ADDRESS 4819 SAN JUAN AVE  
CITY-ST-ZIP JACKSONVILLE FL 32210TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME GRAHAM, HENRY H.  
STREET ADDRESS 701 FISK ST, SUITE 310  
CITY-ST-ZIP JACKSONVILLE FL 32204TITLE D ☒ Change ☐ Addition  
NAME GRAHAM HENRY H  
STREET ADDRESS 701 FISK ST, SUITE 310  
CITY-ST-ZIP JACKSONVILLE FL 32204TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **Henry H. Graham, Jr.**

D

02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**L. DAVID R. THOMPSON, VICE PRESIDENT**  
**4819 SAN JUAN AVE.**

**JACKSONVILLE, FL 32210**