

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90113 034 ***150.00

0133228 AT

DOCUMENT # L71995

1. Entity Name
ASSOCIATED FUNDING CORP.

Principal Place of Business
14811 69TH STREET NORTH
PALM BEACH GRDNS FL 33418
US

Mailing Address
P.O. BOX 21037
RALEIGH NC 27619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0198827**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUCLOS, LINDA C
14811 69TH STREET NORTH
PALM BEACH GARDENS FL 33418

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **DUCLOS, LINDA C.**
 STREET ADDRESS **14811 69TH STREET NORTH**
 CITY-ST-ZIP **PALM BEACH GRDNS FL 33418**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

Linda C. Duclos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA C. DUCLOS

8/22/01

919-834-0417

Date Daytime Phone #

CR2E034 (5/01)

Associated Funding Corp.
P.O. Box 21037
Raleigh, NC 27619

Dr # L 7/995
\$0062817

August 22, 2001

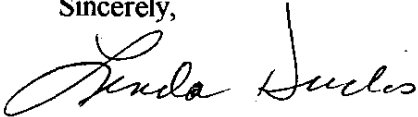
Florida Dept. of State
Division of Corporations
P.O. 6327
Tallahassee, FL 32314

To Whom it May Concern,

I did not receive the first mailing of the Uniform Business Report. (I have had a number of things lost in the mail this year.) When I called to request a form and ask the filing date, they advised me to send a check for \$150.00 and a note requesting that you waive the penalty.

Thank you for your attention.

Sincerely,



Linda Duclos