

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90086 025 ***150.00

DOCUMENT # L75316

1. Entity Name
SOUTHERN AUTO FINANCE COMPANY



Principal Place of Business
**2901 W. OAKLAND PARK BLVD
A23
FT. LAUDERDALE FL 33311
US**

Mailing Address
**PO BOX 8997
FT. LAUDERDALE FL 33311-8997
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0211437**

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

**HUSSEY, RICHARD F ESQ.
633 SOUTH FEDERAL HWY., 8TH FL
FT. LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST**
NAME **FUSSELL GEORGE**
STREET ADDRESS **2901 W OAKLAND PARK BLVD A23**
CITY-ST-ZIP **FT. LAUDERDALE FL**

☐ Delete

TITLE **Ex VP**
NAME **Todd Wehn**
STREET ADDRESS **2901 W. Oakland Park Blvd**
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME **Andre Farkowski Sr VP**
STREET ADDRESS **Andre Farkowski**
CITY-ST-ZIP **5575 S. Semoran Blvd**
Orlando, FL

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE **GPO**
NAME **GARY A. STEIN**
STREET ADDRESS **2901 W. Oakland Park Blvd**
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE **VP**
NAME **Ellen Butler**
STREET ADDRESS **2901 W. Oakland Park Blvd**
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE **VP**
NAME **Maggie Orzco**
STREET ADDRESS **2901 W. Oakland Park Blvd**
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *George Fussell*

2/19/03

954-745-2528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)