2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED **DOCUMENT # N41417** Apr 28, 2000 8:00 am Secretary of State AMERICAN CASH FLOW ASSOCIATION. INC. 04-28-2000 90087 023 ****61.25 Principal Place of Business Mailing Address P.O. BOX 1511 255 S, ORANGE AVE. ORLANDO FL 32802-1511 eth floor ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3048847 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRACKNELL DEBORAH J 255 S URANGE AVE 6TH FLOOR SIXTH FLOOR ORLANDO FL 32801 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete TITLE TITLE PINO LAURENCE J. NAME NAME 255 S ORÁNGE AVE 6TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL TITLE DPV Delete TITLE BRACKNELL, DEBORAH J NAME NAME STREET ADDRESS STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR CITY-ST-ZIP CITY-ST-ZIP Orlando Fl ☐ Addition Delete TITLE Change NAME HORVATH-PINO, JANET NAME STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL DT TITLE Change ☐ Addition NAME HEYL, GUY STREET ADDRESS STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITI F ☐ Delete TITLE Change Addition NAME WILSON, PATRICIA T NAME STREET ADDRESS STREET ADDRESS 255 S ORANGE AVE 6TH FLOOR CITY-ST-ZIP CITY-ST-7IP orlando fl ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 first 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

07-425-783 Daytime Phone #