

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90275 047 ***150.00

0398901

DOCUMENT # P00000069128

1. Entity Name
SETTLEMENT SOURCE, INC.

Principal Place of Business

943 SEDDON COVE WAY
 TAMPA FL 33602

Mailing Address

943 SEDDON COVE WAY
 TAMPA FL 33602

818804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

710 OAKFIELD DRIVE

3. Mailing Address

710 OAKFIELD DRIVE

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

BRANDON, FLA.

City & State

BRANDON, FLA.

4. FEI Number

59-3659449

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLL, RAY
943 SEDDON COVE WAY
TAMPA FL 33602

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

Ray U. Stoll

3/15/01

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

TITLE **D** Delete
 NAME **STOLL, RAY**
 STREET ADDRESS **943 SEDDON COVE WAY**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** Delete
 NAME **MAIDENS, MARK**
 STREET ADDRESS **5222 TWIN CREEKS DR.**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

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 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:

Ray U. Stoll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

(813)689-5580

Daytime Phone #

CR2E034 (10/00)