

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90098 041 \*\*\*150.00

**DOCUMENT # P00000069128**

1. Entity Name  
**SETTLEMENT SOURCE, INC.**

Principal Place of Business

**710 OAKFIELD DRIVE  
 206  
 BRANDON FL 33511**

Mailing Address

**710 OAKFIELD DRIVE  
 206  
 BRANDON FL 33511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3659449**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

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  
**STOLL, RAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1027 FRANKLAND RD.**  
 City **TAMPA** FL Zip Code **33629**

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 \$150.00**

**After May 1, 2002 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  Delete  
 NAME **D STOLL, RAY**  
 STREET ADDRESS **943 SEDDON COVE WAY**  
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE  Delete  
 NAME **D 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 **STOLL, RAY**  
 STREET ADDRESS **1027 FRANKLAND ROAD**  
 CITY-ST-ZIP **TAMPA, FL 33629-5105**

TITLE  Change  Addition  
 NAME **MAIDENS, MARK**  
 STREET ADDRESS **5508 KEELEER OAK ST.**  
 CITY-ST-ZIP **LITHIA, FL 33547**

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

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  
**CEO**

**4/4/02**  
 DATE

**(813) 689-5580**  
 Daytime Phone #

CR2E034 (9/01)