

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000069693**

1. Entity Name

DIRECTAUTOLOAN.COM, INC.

Principal Place of Business

**23123 STATE ROAD 7 STE 340
BOCA RATON FL 33428**

Mailing Address

**23123 STATE ROAD 7 STE 340
BOCA RATON FL 33428**

2. Principal Place of Business

700 Banyan Trail,Suite, Apt. #, etc.
Suite 200

3. Mailing Address

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

Zip
33431Country
U.S.A.

Zip

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOKINOS, PETER
23123 STATE ROAD 7 STE 340
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name
Kokinos, Peter

Street Address (P.O. Box Number is Not Acceptable)

700 Banyan Trail, Suite 200City
Boca Raton**FL**Zip Code
33431

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 **By: Peter Kokinos**

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

(NOTE: Registered Agent signature required when reinstating)

April 16, 2001

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DPS
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Kokinos, Peter
700 Banyan Trail, Suite 200
Boca Raton, FL 33431**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **By: Peter Kokinos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2001 (561) 470-0893

Date

Daytime Phone #

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90029 045 ***150.00

00040300

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)