

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90260 036 ***158.75

DOCUMENT # P01000071158

1. Entity Name

MEDALLION FINANCIAL CORP.



Principal Place of Business

**7419 39 CT E
SARASOTA FL 34243**

Mailing Address

**7419 39 CT E
SARASOTA FL 34243**

10061004



2. Principal Place of Business

2212 58th AVE E.

3. Mailing Address

2212 58th AVE E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Bradenton

City & State
Bradenton

4. FEI Number

65-1122369

Applied For

Not Applicable

Zip
FL

Country

MANATEE

Zip

FL

Country

MANATEE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERUFF, CARLOS
7419 39 CT E
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name

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

2212 58th AVE E

City

SARASOTA

FL

Zip Code

34203

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
BERUFF, CARLOS
7419 39 CT E
SARASOTA FL 34243**

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**2212 58th AVE E
BRADENTON FL 34203**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Carlos Beruff 2/13/03

941-359

9000-413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)