2004 FOR PROFIT CORPORATION ANNUAL REPORT

1/23/2004-90026-018-$158.75-$158.75

FILED
04 JUL 19 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000061837

1. Entity Name
ASSOCIATES FINANCIAL SERVICES COMPANY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 144366 CORAL GABLES, FL 33114-4366	P.O. BOX 144366 CORAL GABLES, FL 33114-4366

01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUCKER, J 2915 SW 13 ST. MIAMI, FL 33145	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. 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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D✓R J TUCKER 2915 SW 13 ST MIAMI, FL 33145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

JB 7/19

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: ____________ PIK. 1/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P O Box 144366
Coral Gables, FL
33114-4366
July 7, 2004

Sean Toner
Supervisor
Div. of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: P 03000061837

Dear Mr. Toner,

We recently received your "Notice of intent to dissolve" for the above corporation.

A review of our file includes your letter of Jan. 27, 2004 acknowledges receipt of our filing fees and asks for some additional information. We have a copy of the corrected form which was sent to you. I spoke with your office and they find no record of the corrected form or the filing fee.

We have enclosed a copy of the corrected form which we sent along with your Jan. 27 letter. Also please find a copy of both sides of the cancelled check from January with the memo note #61837 which refers to the state document number. It also has a stamped number, 54000261, which I assume is your intake number.

I personally signed and sent the corrected form. I do not understand how you have no record of it.

Please help us with this issue.

Respectfully,

J Tucker
305-238-5817

enclosures