

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000064534**1. Entity Name
SOUTHERN STATES FUNDING, INC.Principal Place of Business
157 E. NEW ENGLAND AVENUE
#370
WINTER PARK FL 32789 US
Mailing Address
P.O. BOX 2915
WINTER PARK FL 32790 US2. Principal Place of Business
3707 EDGEWATER DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State

4. FEI Number
59-3201201

Applied For

Not Applicable

Zip Country
32804 US

Zip Country

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**MANOLOU IVAILO
157 E. NEW ENGLAND AVENUE, #370

WINTER PARK FL 32789 US

Name
DIEHL DANIEL RStreet Address (P.O. Box Number is Not Acceptable)
3707 EDGEWATER DRIVECity State Zip Code
ORLANDO FL 32804

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 **DANIEL R. DIEHL****01/09/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Delete
PD
MANOLOU IVAILO
157 E. NEW ENGLAND AVENUE, 370
WINTER PARK FL 32789TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
D
SKIRPA SKIP
513 SEWARD SQUARE S.E., 1-B
WASHINGTON DC 20003TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
T/S
DIEHL LAURA O
3707 EDGEWATER DRIVE
ORLANDO FL 32804TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
P/D
DIEHL DANIEL R
3707 EDGEWATER DRIVE
ORLANDO FL 32804TITLE
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: DANIEL R. DIEHL

P/D

01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)