

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90166 007 ***150.00

DOCUMENT # P94000027000

1. Entity Name

AMERICAN FUNDING AND SERVICE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

720 GOODLETTE ROAD

3. Mailing Address

720 GOODLETTE ROAD

Suite, Apt. #, etc.

SUITE 305

Suite, Apt. #, etc.

SUITE 305

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

Zip

34102

Country

4. FEI Number

65-0594217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BASIK, KEITH A

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

1100 ROYAL PALM DRIVE

City

NAPLES

FL

Zip Code

34103

**DO NOT WRITE
IN THIS SPACE**

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

X

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

KEITH A. BASIK

(NOTE: Registered Agent signature required when reinstating)

X

4/24/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P
NAME BASIK, KEITH
STREET ADDRESS 1100 ROYAL PALM DRIVE
CITY-ST-ZIP NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVP
NAME BASIK, JEFFREY
STREET ADDRESS 7810 EAGLES FLIGHT LANE
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE
NAME
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH A. BASIK

X

4/24/02

239-262-4622

CR2E034B (12/01)