

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030784

1. Entity Name

ASSOCIATED FINANCIAL SERVICES, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90138 016 ***150.00

Principal Place of Business

Mailing Address

1704 N. SQUIRREL TREE AVE.

1704 N. SQUIRREL TREE AVE.

STE. A

STE. A

LECANTO FL 34461

LECANTO FL 34461-9734

US

US

2. Principal Place of Business

3. Mailing Address

1704 N. Squirrel Tree Ave
Suite, Apt. #, etc.

1704 N. Squirrel Tree Ave
Suite, Apt. #, etc.

City & State

City & State

LECANTO FL

LECANTO FL

Zip Country

Zip Country

34461 USA

34461 USA

4. FEI Number 65-0688191

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

TALLEY, HERBERT W., JR. *****

1704-A N. SQUIRREL TREE AVE.

LECANTO FL 34461

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.

SIGNATURE Herbert W. Talley, Jr.

Herbert W. Talley, Jr., Pres. 04/14/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TALLEY, HERBERT W JR.
STREET ADDRESS 1704-A N. SQUIRREL TREE AVE.
CITY-ST-ZIP LECANTO FL 34461 ~~delete - A~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME TALLEY, LORETTO A
STREET ADDRESS 1704-A N. SQUIRREL TREE AVE.
CITY-ST-ZIP LECANTO FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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:

Herbert W. Talley, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)