2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088669

1. Entity Name

FUTURE CLOSING FINANCE CORPORATION

Principal Place of Business

Mailing Address

126 NE EGLIN PARKWAY FT WALTON BEACH FL 32548 126 NE EGLIN PARKWAY FT WALTON BEACH FL 32548-4917

2. Principa	al Place of Business	3. Mailing Address				
Suite, A	pt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN TH	IIS SPACE	
City & State		City & State		4. FEI Number 59-3350742	Applied For Not Applicable	
Zip	Country	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 Register	ed Agent	
			Name			
KETCHEL, TERRANCE R 126 NE EGLIN PARKWAY FT WALTON BEACH FL 32548			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City	F	Zip Code	
• Thomps	nuo namad antitu submite this statement fo	or the nurnose of changing i	its registered office or regis	stered agent, or both, in the State of Florida.		
o. The auc	ove hamed energ submits this statement to	or the purpose of changing t	its registered diffice or regis	stered again, or bottly in the diale of Florida.		
SIGNATUR	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered Agent signature requ	uired when reinstating) DAT	TÉ .	
			PEE IO 04 FO 00			
	rporation is eligible to satisfy its Intangible ig requirement and elects to do so.		<u>W!!! FEE IS \$150.00</u> 2000 Fee will be \$550.0	10. Election Campaign Financing	\$5.00 мау Ве	
	iteria on back)		able to Department of \$		Added to Fees	
11.	OFFICERS AND	DIDECTORS	a 40	ADDITIONS (CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
		DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 11 Change Addition	
TITLE NAME	PD ARMENTEROS, RAFAEL Q		TITLE NAME	ADDITIONS/CHANGES TO OFFICERS A		
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SISMADURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/11/00 Date

850-664-2705

☐ Change

Addition

Daytime Phone #

FILED

Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90003 001 ***150.00

:R2E034 (9/99