

CAPITAL CONNECTION

850 222 1222

08/03 '00 15:54 No.705 03/03

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016396		FILED 00 AUG 18 PM 12:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name NATIONAL ACCEPTANCE CORP.			
Principal Place of Business 222 US HWY ONE STE 1 TEQUESTA, FL 33469			
Mailing Address			
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 65-0643098		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	
DAMON, CONRAD 1555 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH, FL 33401		Name CANTOR, GARY Street Address (P.O. Box Number is Not Acceptable) 222 US HWY ONE SUITE 1 City TEQUESTA FL Zip Code 33469	
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 Signature, typed or printed name of registered agent and the filer if applicable.		GARY CANTOR, PRESIDENT 08/09/2000 (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) ☐		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 D NAME STREET ADDRESS CITY-ST-ZIP	CANTOR, GARY D/P ☐ Delete 222 US HWY ONE, STE 1 TEQUESTA, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003368151--0 -08/23/00--01019--018 *****558.75 *****558.75
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
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:		GARY CANTOR, PRESIDENT 08/09/00 (561) 748-3435	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	