

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90973 008 ***150.00

DOCUMENT # P96000043993

1. Entity Name
UNITED SERVICES ACCEPTANCE CORPORATION



Principal Place of Business
120 CHEIFS WAY, SUITE 1
PENSACOLA FL 32507
US

Mailing Address
120 CHEIFS' WAY, SUITE 1
PENSACOLA FL 32507
US

2. Principal Place of Business

120 Chiefs Way

3. Mailing Address

Suite, Apt. #, etc.

Suite 1

City & State

Pensacola FL

City & State

Zip
32507

Country
USA

Zip

Country

4. FEI Number 59-3382735

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KRAWCHUCK, WILLIAM P
120 CHEIFS' WAY, SUITE 1
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William P. Krawchuck*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	KRAWCHUCK, WILLIAM P	
STREET ADDRESS	415 A MARY ESTHER CTO	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KRAWCHUCK, BARBARA A	
STREET ADDRESS	415 A MARY ESTHER CTO	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Barbara A. Krawchuck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-723-2712

CR2E034 (10/02)