

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066300

1. Entity Name

WARRANTY ACCEPTANCE CORPORATION

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90176 028 ***150.00

Principal Place of Business

Mailing Address

4400 GOVERNMENT BOULEVARD
MOBILE AL 36693

4400 GOVERNMENT BOULEVARD
MOBILE AL 36693-4821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1180065

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 Registered Agent

MILLER, TRAVIS L
106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301

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

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 DST
NAME MYERS, LARRY T
STREET ADDRESS 6401 CANEBRAKE
CITY-ST-ZIP MOBILE AL ☐ Delete

TITLE D/P/S/T
NAME Myers, Larry T. ☒ Change ☐ Addition
STREET ADDRESS 4400 Government Blvd.
CITY-ST-ZIP Mobile, AL 36693

TITLE V
NAME THOMPSON, J. CLAUDE ☒ Delete
STREET ADDRESS 2433 3RD PLACE NW
CITY-ST-ZIP BIRMINGHAM AL

TITLE V
NAME THOMPSON, J. CLAUDE ☒ Change ☐ Addition
STREET ADDRESS 4400 Government Blvd.
CITY-ST-ZIP Mobile, AL 36693

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

J. Claude Thompson
J. CLAUDE THOMPSON

2-14-2000

334/660/1901

Date

Daytime Phone #

CR2E034 (9/99)