

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000036

1. Entity Name

DIRECT FUNDING, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90178 035 ***150.00

Principal Place of Business

170 WEST STATE RD 434
WINTER SPRINGS FL 32708

Mailing Address

170 WEST STATE RD 434
~~SUITE 111~~
WINTER SPRINGS FL 32708-2551

603216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

170 West State Rd 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Winter Springs FL

4. FEI Number

59-3432912

Applied For

Not Applicable

Zip

Country

Zip

32708

Country

US

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

MOREAU, JOHN R
170 WEST STATE RD 434
WINTER SPRINGS FL 32708

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 P
NAME MOREAU, JOHN R
STREET ADDRESS 709 TIMBERWILDE AVE
CITY-ST-ZIP WINTER SPRGS FL 32708 ☐ Delete

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

TITLE VPS
NAME HALL, DANA
STREET ADDRESS 2185 EMERALD GREEN CIRCLE
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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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:

John R. Moreau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00
Date

Daytime Phone #

CR2E034 (9/99)