2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ND TYPED OR PRINTED NAM

NG OFFICER OR DIRECTOR

May 17, 2002 8:00 am Secretary of State DOCUMENT # P97000018377 1. Entity Name ACCESSIBLE FUNDING SERVICES, INC. 05-17-2002 90015 006 ***150.00 Principal Place of Business Mailing Address 2154 ASBURY AVE. 2154 ASBURY AVE. OCEAN CITY NJ 08226 OCEAN CITY NJ 08226 2. Principal Place of Business 3. Mailing Address _منم_#_عمل_عنسك City & State City & State 4. FEI Number Applied For 65-0730559 Zip Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name GOODWIN. DONALD 1545 MCGREGOR RESERVE DRIVE Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33901 City Zip Code FL 8. The gove 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITLE NICOLETTI, STEPHEN T ☐ Change ☐ Addition E034 (9/01) NAME STREET ADDRESS 2154 ASBURY AVENUE STREET ADDRESS CITY-ST-ZIP OCEAN CITY NJ 08226 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other fike and were directors.

FILED