

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90014 037 ***150.00

0441449 AV

DOCUMENT # P97000030951

1. Entity Name

UNITED CAPITAL FUNDING CORP.

Principal Place of Business

Mailing Address

475-CENTRAL AVE. 146 2nd St. N.
STE-202 Ste 200
ST PETERSBURG FL 33701
US

475-CENTRAL AVE. 146 2nd St. N.
STE-202 Ste 200
ST PETERSBURG FL 33701
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3452610

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

CURLEY, GERARD J

475-CENTRAL AVE. 146 2nd St. N.
STE-202 Ste 200
ST PETERSBURG FL 33701

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **CURLEY, GERARD J**
CITY-ST-ZIP **475 CENTRAL AVE., STE. 202**
ST PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **146 2nd St. N. - Ste. 200**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DCOO**
STREET ADDRESS **YOU MANS, CHRIS S**
CITY-ST-ZIP **475 CENTRAL AVE, STE 202**
SAINT PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **146 2nd St. N. - Ste 200**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ULRICH, G KURTIS**
CITY-ST-ZIP **150-2 AVE NO SUIE 800**
ST PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **146 2nd St. N. - Ste 200**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DCFO**
STREET ADDRESS **BAKER, IVAN T**
CITY-ST-ZIP **475 CENTRAL AVE., STE. 202**
ST PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **146 2nd St. N. - Ste 200**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ULRICH, ROBERT L**
CITY-ST-ZIP **146-2 ST N SUITE 310**
ST PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **146 2nd St. N. - Ste 200**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MANDUH, MARK S**
CITY-ST-ZIP **475 CENTRAL AVE, STE 202**
SAINT PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Mandula, Mark S.**
CITY-ST-ZIP **146 2nd St. N. - Ste 200**

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01

727-894-8232

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # **P97000030951**

1. Entity Name

UNITED CAPITAL FUNDING CORP.

#805464

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STE-202 Ste 200
ST PETERSBURG FL 33701
US

Mailing Address

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STE-202 Ste 200
ST PETERSBURG FL 33701
US

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

59-3452610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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7. Name and Address of New Registered Agent

CURLEY, GERARD J

475 CENTRAL AVE. 146 2nd St. N.
STE-202 Ste 200
ST PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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Zip Code

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After May 1, 2002 Fee will be \$550.00
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CURLEY, GERARD J 475 CENTRAL AVE., STE. 202 ST PETERSBURG FL 33701 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCOO YOUNG, CHRIS S 475 CENTRAL AVE, STE 202 SAINT-PETERSBURG FL 33701 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ULRICH, G KURTIS 150-2 AVE NO SUITE 800 ST PETERSBURG FL 33701 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCFO BAKER, IVAN T 475 CENTRAL AVE., STE. 202 ST PETERSBURG FL 33701 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ULRICH, ROBERT L 146-2 ST N SUITE 310 ST PETERSBURG FL 33701 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANDUH, MARK S 475 CENTRAL AVE, STE 202 SAINT PETERSBURG FL 33701 | <input type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Rasmus, Mark 8880 TERRENE Ct. Bonita Springs, FL. 34135 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mandula, Mark S. 146 2nd St. N. - Ste 200 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)