

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90056 004 ***550.00

0068654 AV

DOCUMENT # P97000064705

1. Entity Name
MERCHANTS ACCEPTANCE CORPORATION

Principal Place of Business

**8299 CASSIA TERRACE
TAMARAC FL 33321**

Mailing Address

**8299 CASSIA TERRACE
TAMARAC FL 33321
US**

A0084248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8333 W. McNab Rd

Suite, Apt. #, etc.

Suite 114

City & State

Tamarac FL

Zip

33321

Country

USA

3. Mailing Address

8299 Cassia Terrace

Suite, Apt. #, etc.

Tamarac FL

City & State

Tamarac FL

Zip

33321

Country

USA

4. FEI Number

65-0773516

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAGAL, STEVE

**8299 CASSIA TERRACE
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name

Street Address

City

State

Zip

Tamarac FL 33321

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

Steven A. Sagal

(NOTE: Registered Agent signature required upon reappointment)

DATE

9/4/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	D
NAME	SAGAL, STEVE
STREET ADDRESS	8299 CASSIA TERR
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KESSLER, DEANNA	
STREET ADDRESS	8299 Cassia Terrace	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Deanna Kessler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/2001

Date

954 553 6222

Daytime Phone #

CR2E034 (5/01)