2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90063 010 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000075526

1. Entity Name
~~ABSOLUTE FUNDING, INC.~~
TRAHAN FINANCIAL GROUP, INC

Principal Place of Business
~~8637 REGENCY PARK BLVD.~~
~~PORT RICHEY FL 34668~~

Mailing Address
~~8637 REGENCY PARK BLVD.~~
~~PORT RICHEY FL 34668-3940~~

2. Principal Place of Business	3. Mailing Address
116 COMM'L WAY, SUITE 3	116 COMM'L WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 3
City & State: SPRING HILL, FL	City & State: SPRING HILL, FL
Zip: 34606 Country: HERNANDO	Zip: 34606 Country: HERNANDO

4. FEI Number 59-3465389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SANDHOFF, JEFFERY A~~
~~8637 REGENCY PARK BLVD.~~
~~PORT RICHEY FL 34668~~

7. Name and Address of New Registered Agent

Name: TRAHAN, TROY M SR.
Street Address (P.O. Box Number is Not Acceptable): 9225 PATIO CT.
City: SPRING HILL FL Zip Code: 34608

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 X ____________ 4/11/00
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	PS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TRAHAN, TROY M SR.		NAME		
STREET ADDRESS	9225 PATIO CT		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34608		CITY-ST-ZIP		
TITLE	~~CEOS~~	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	~~SANDHOFF, JEFFREY A~~		NAME		
STREET ADDRESS	~~13815 GULL WAY~~		STREET ADDRESS		
CITY-ST-ZIP	~~CLEARWATER FL 33762~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X SIGNATURE REQUIRED 4/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)