

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2002 91179 026 ***150.00

FORM 1200 01/01

DOCUMENT # P97000081595

1. Entity Name
FEDERAL ACCEPTANCE CORPORATION

Principal Place of Business
5380 N OCEAN DRIVE SUITE 14G
SINGER ISLAND FL 33404

Mailing Address
5380 N OCEAN DRIVE SUITE 14G
SINGER ISLAND FL 33404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9162 Bay Harbour Cir

3. Mailing Address
 Suite, Apt. #, etc.

City & State
WEST PALM BEACH

City & State
FL

4. FEI Number
65-0781591

Applied For
 Not Applicable

Zip
33411

Country
FL

Zip
33411

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

REILLY, M J
5380 N OCEAN DR 14G
SINGER ISLAND FL 33404

Name
M.J. Reilly

Street Address (P.O. Box Number is Not Acceptable)
9162 Bay Harbour Circle

City
West Palm Beach FL Zip Code
33411

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 **M. Joseph Reilly**
 Signature, typed or printed name of registered agent and title if applicable.

4-28-02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, M. JOSEPH 5380 N OCEAN DRIVE SUITE 14G SINGER ISLAND FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDENBURG, EDITH V 5380 N OCEAN DRIVE SUITE 14G SINGER ISLAND FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **M.J. Reilly** **4/28/02** **561-333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **8594**

CR2E034 (9/01)