

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2002 91179 026 ***150.00

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

2. Principal Place of Business
9162 Bay Harbour Cir
Suite, Apt. #, etc.

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

City & State
WEST PALM BEACH
Zip
33411

City & State
WEST PALM BEACH
Zip
33411

4. FEI Number **65-0781591**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

4-28-02
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

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

SIGNATURE REQUIRED

M.J. Reilly

4/28/02

Date

561-333
8594

Daytime Phone #

CR2E034 (9/01)