FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91118 048 ***150.00

C0057252

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105329

1. Entity Name
SOUTHEAST FINANCIAL ACCEPTANCE, INC.

Principal Place of Business
8257 NORMANDY BLVD
STE 1
JACKSONVILLE FL 32221

Mailing Address
PO BOX 16952
JACKSONVILLE FL 32245

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 59-3482359 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DYBALSKI, KEVIN A
~~8257 NORMANDY BLVD~~
~~SUITE 1~~
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 1501 FRUITCOVE WOODS DR
City: JACKSONVILLE FL 32259

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] Co/owner 4/18/01 — James C. Ryan Co/owner 4/18/01

9. The corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) X

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P DYBALSKI, KEVIN A ~~4814 BIRCHWOOD AVE~~ ~~JACKSONVILLE FL 32207~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	1501 FRUITCOVE WOODS DR JACKSONVILLE, FL 32259 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V RYAN, JAMES C 5133 VERDIS STREET JACKSONVILLE FL 32258 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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] James C. Ryan Co/owner Co/owner 4/18/01 4-18-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

p.2

Apr 19 01 11:10a