2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P98000007111 DOCUMENT

ALLIANCE FUNDING OF WEST FLORIDA, INC.



Mar 28, 2003 8:00 am § Secretary of State 03-28-2003 90063 004 ***150.00 **FILED**

	•					OF WE T	IN. S.					
Principal Plac 11535 NATURI PORT RICHEY	E TRAIL	11535	Mailing Address 11535 NATURE TRAIL PORT RICHEY FL 34668									
2. Principal P	Place of Busin	3. Mail	3. Mailing Address									
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	e	City	City & State				4. FEI Number NOT APPLICABLE			—	oplied For	
Zip Country			Zip	Zip Cour				5. Certificate of Status Desired S8.75 Additional Fee Required				ditional
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
-Name										- <u>- giolo, o c</u>	.9	
PORCELLI, JOSEPH A						Street Address (P.O. Box Number is Not Acceptable)						
11535 NATURE TRAIL PORT RICHEY FL 34668										<u> </u>) ₁₁
						City				FL	Zip Cod	le
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 © After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign F Trust Fund Contributi			00 May Be of to Fees
								ADD	DITIONS/CHANGES TO OF	EICEDS AND	DIRECTOR	S IN 11
10.	D	OFFICENS	AND DIRECTOR		_			AUU	ITIONS/CHANGES TO OF	LICEUS AIND		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: