=:::: 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 09, 2001 8:00 am DOCUMENT # P98000009220 Secretary of State AMERICAN LIBERTY FUNDING, INC. 01-09-2001 90036 016 ***158.75 **=**#: Principal Place of Business Mailing Address 550 NORTH REO STREET 550 NORTH REO STREET SUITE 300 SUITE 300 TAMPA FL 33609 **TAMPA FL 33609** 2. Principal Place of Business 5301 Memorial Highway 3. Mailing Address 5301 Memorial Highway Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3490193 Applied For Not Applicable Tampa, FL <u> Tampa, FI</u> 33634 Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required ISA 33634 33634 =::=: ~7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURGESS, SANDRA J Street Address (P.O. Box Number is Not Acceptable) 13235 CENTER AVENUE **LARGO FL 33773** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Sr VP =...== ☐ Delete TITLE TITLE BURGESS, SANDRA J NAME NAME Philip Tagliarini 13235 CENTER AVENUE STREET ADDRESS STREET ADDRESS 7138 Silvermill Dr **LARGO FL 33773** CITY-ST-7IP CITY-ST-ZIP Tampa, FL 33635 ☐ Change Addition A Delete TITLE TITLE President **_**r=2. CONSUELO, ARTEAGA NAME NAME Sylvia A. Alvarez 6403 FALCON COURT STREET ADDRESS STREET ADDRESS 7138 Silvermill Dr, Tampa, FL 33635 **TAMPA FL 33625** CITY-ST-ZIP CITY-ST-ZIP - - Change X Addition - Delete TITLE TITLE-NAME Fausto Suarez NAME STREET ADDRESS 5312 MacBeth Ct STREET ADDRESS **--**CITY-ST-ZIP CITY-ST-ZIF Tampa, FL 33624 Change XIX Addition ☐ Delete TITLE NAME Danelis Morejon NAME STREET ADDRESS STREET ADDRESS 6424 Amundson St Tampa, FL 33634 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 exedute 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.

Wass

DIRECTOR

SIGNATURE: