

# 2000 UNIFORM BUSINESS REPORT (UBR)

0375790

DOCUMENT # P98000028575

1. Entity Name

UNITED FUNDING SOLUTIONS, INC.

FILED

00 OCT -2 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

235 SUNRISE AVENUE  
SUITE C-24  
PALM BEACH FL 33480

Mailing Address

235 SUNRISE AVENUE  
SUITE C-24  
PALM BEACH FL 33480-3812

2. Principal Place of Business

1860 UPPER COVE TERR.  
Suite, Apt. #, etc.

3. Mailing Address

141 N. BAYVIEW POINT LOOP S.  
Suite, Apt. #, etc.



REINSTATEMENT

150

City & State

SARASOTA, FL

City & State

LILLIAN WAVE, WA

4. FEI Number

65-0822688

Applied For

Not Applicable

Zip

Country

34231

USA

Zip

Country

98555

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIECO, REBECCA K  
235 SUNRISE AVENUE  
SUITE C-24  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

REBECCA K GRIECO

Street Address (P.O. Box Number is Not Acceptable)

1860 UPPER COVE TERRACE

City

SARASOTA

FL

Zip Code

34231

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

*Rebecca K Grieco*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/28/00

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, 2000 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

TITLE D ☐ Delete  
NAME GRIECO, REBECCA K  
STREET ADDRESS 235 SUNRISE AVENUE  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300003419453--7  
STREET ADDRESS -10/09/00--01071--015  
CITY-ST-ZIP \*\*\*550.00 \*\*\*550.00

TITLE ☐ Change ☐ Addition  
NAME 300003419453--7  
STREET ADDRESS -10/09/00--01071--016  
CITY-ST-ZIP \*\*\*200.00 \*\*\*200.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of this report, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rebecca K Grieco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/00

Date

(941) 928-0420

Daytime Phone #

CR2E034 (9/99)