

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State
 08-15-2000 90019 035 ***550.00

DOCUMENT # P98000065541

1. Entity Name

U.S. NATIONAL FINANCE CORP.



Principal Place of Business

Mailing Address

~~705 SO. STATE ROAD 7, STE. B~~
~~MARGATE FL 33068~~

720 NW 36TH
 OAKLAND PARK FL 33309-5011

2. Principal Place of Business

3. Mailing Address

410 S. Dixie Hwy
 Suite, Apt. #, etc.

720 NW 36th Street
 Suite, Apt. #, etc.

A0072774



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach

City & State

Oakland Park Fla.

4. FEI Number

65-0872770

Applied For

Not Applicable

Zip

33060

Country

Broward

Zip

33309

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROXELL, DENNIS
 705 SO. STATE ROAD 7, STE. B
 MARGATE FL 33068

Name: Troxell, Dennis

Street Address (P.O. Box Number is Not Acceptable)
 720 NW 36th Street

City: Oakland Park

FL

Zip Code
 33309

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **TROXELL, DENNIS**
 STREET ADDRESS **705 SO. STATE ROAD 7, STE. B**
 CITY-ST-ZIP **MARGATE FL 33068**

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

TITLE **V** ☒ Delete
 NAME **ALBANO, FRED**
 STREET ADDRESS **705 SO. STATE ROAD 7, STE. B**
 CITY-ST-ZIP **MARGATE FL 33068**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)