

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065541

1. Entity Name
U.S. NATIONAL FINANCE CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90068 031 ***158.75

Principal Place of Business
410 S DIXIE HWY
POMPANO BEACH FL 33060

Mailing Address
720 NW 36TH
OAKLAND PARK FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
460 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Pompano Beach

City & State
Fla.

4. FEI Number 65-0872770

Applied For
Not Applicable

Zip 33060 Country Boulevard

Zip Country

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 Dennis Troxell
Street Address (P.O. Box Number is Not Acceptable)
720 NW 36 ST
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

(NOTE: Registered Agent signature required when reinstating)

4-20-2001

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, 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 IN 11

TITLE P
NAME TROXELL, DENNIS
STREET ADDRESS 705 SO. STATE ROAD 7, STE. B
CITY-ST-ZIP MARGATE FL 33068
720 NW 36
Oakland Park FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
720 NW 36 ST
Oakland Park FL 33309

TITLE
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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

4-20-2001

Date

954 941 4299

Daytime Phone #

CR2E034 (10/00)