2000 UNIFORM BUSINESS REPORT (UBR)

DOCUN 1. Entity Name	MENT # P99000005	i628	* ; ,	e dag fig as	FILED
Southeast Dealer Acceptance, Inc.					}
The second secon			•,	- ,	00 APR 10 PM 2: 03
Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·
3031 N.E. 12th Terrace 3031 N.E. 12th Oakland Park, FL 33334 Oakland, Park,					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Se Company of the Com					
Principal Place of Business 3. Mailing Address					
TWO_PI	restige Place	Two Prestige Place Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
	McCormick Drive	2650 McCormick Drive			
Suite_185		Suite 185 / Clearwater, FL			4. FEI Number Applied For
Clearwater FI. Zip Country		Zip Country		•	5 Certificate of Status Desired \$8.75 Additional
33759	33759 U.S.A. 3375 6. Name and Address of Current Registered A		U.S.A.		7. Name and Address of New Registered Agent
Name					1. Name and Address of New Tregistered Agent
Street					Davisson ss (P.O. Box Number is Not Acceptable) Cormick Drive, Suite 185
				City	FL Zip Code 33759
8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE ULLUSUUSUS 44-00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Derri Davisson					
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	VAITE NOV WATER MAY 1 20 Make Check Paya	000 Fee	will be \$5500	Trust Fund Contribution Added to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
- TITLE	Director David L. Pavsner	Delete	TITLE	I	resident/Director
STREET ADDRESS	0001 1 - 1013 -	ace			650 McCormick Drive, Suite 185
CITY-ST-ZIP	Oakland Park, FL	33334	CITY		learwater, FL 33759
TITLE		☐ Delete	TITL!		ecretary/Treasurer/Director Change X Addition
NAME STREET ADDRESS	,			- ; U	. Stephen Miller 650 McCormick Drive, Suite 185
CITY-ST-ZIP			CITY		learwater, FL 33759
TITLE		Delete	TITL	i	Change Addition
NAME STREET ADDRESS			NAM STRI	EET ADDRESS	7000032151279 -04/19/0001094018
CITY-ST-ZIP		, .		-ST-ZIP	****150.00 ****150.00
TITLE		· Delete	TITL	1	☐, Change ☐ Addition
NAME	,		NAM	eet address	
STREET ADDRESS CITY-ST-ZIP		•		C-ST-ZIP	•
TITLE		☐ Delete	TITL	£	Change Addition
NAME			NAM		
STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS (-ST-ZIP	
TITLE		☐ Delete	THT	.E	Change Addition
NAME		_ 55.50	NAN	AE .	•
STREET ADDRESS				EET ADDRESS Y-SI-ZIP	
CITY-ST-ZIP	partify that the information supplied will	th this filing does not qualify			in Section 119 07/3/G. Florida Statutes Liurther certify that the information
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 anyaddress, with all other like empowered.					
SIGNATURE: 4-6-00 727-791-6510 X19					