

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-08-2000 90097 013 ***150.00

DOCUMENT # P99000018654

1. Entity Name

NORTH FLORIDA AUTO FINANCE MARKETING, INC.

f

Principal Place of Business

**830-13 A1A NORTH STE 325
PONTE VEDRA BEACH FL 32082**

Mailing Address

**830-13 A1A NORTH STE 325
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3553372

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'NEAL, CRAIG B
830-13 A1A NORTH STE 325
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | <input type="checkbox"/> Delete |
| NAME | O'NEAL, CRAIG B | |
| STREET ADDRESS | 172 CROSSROAD LAKES | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 or Block 12 if changed, or on an attachment with an address, with all or unlike empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-00

Date

904-910-9947

Daytime Phone #

CF2E034 (5/00)

Attachment Doc#:

P99000018654

309422

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2000 Uniform Business Report
P99000018654
North Florida Auto Finance
Marketing, Inc.

Dear Sir or Madam:

I received the above mentioned form stating that my new filing fee is \$550.00 because of my failure to send in the fee on a timely bases.

I did not receive the first notice that I owed a fee to renew my corporation and was quite surprised that I had to pay an annual filing fee since this is my first corporation and my first year in business.

I called Division of Corporations (Uniform Business Report division) and explained my situation to them. The personnel in that office said that I should send in the filing fee of \$150.00 and to mail it your office instead of theirs.

Please except the filing fee of \$150.00 and this will not happen in the future years.

Thank you in advance.



Craig O'Neal
President
North Florida Auto Finance Marketing, Inc.