## 2000 UNIFORM BUSINESS REPORT (UBR)

## Aug 22, 2000 8:00 am Secretary of State DOCUMENT # P99000018654 NORTH FLORIDA AUTO FINANCE MARKETING, INC. 08-08-2000 90097 013 \*\*\*150.00 Principal Place of Business Mailing Address 830-13 A1A NORTH STE 325 830-13 A1A NORTH STE 325 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. 4, FEI Number 3553372 Applied For City & State City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - =- 6. Name and Address of Current Registered Agent -- > O'NEAL CRAIG B Street Address (P.O. Box Number is Not Acceptable) 830-13 A1A NORTH STE 325 PONTE VEDRA BEACH FL 32082 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13; 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (5/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME O'NEAL, CRAIG B STREET ADDRESS STREET ADDRESS 172 CROSSROAD LAKES CITY-ST-ZIP CITY-ST-7IP PONTE VEDRA BEACH FL 32082 Addition ☐ Change ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TILE □ Delete NAME. NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS

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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 others like empowered.

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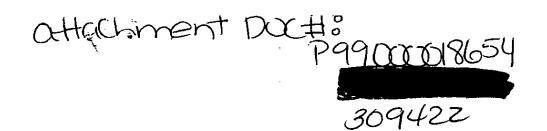
SIGNATURED HEQUIRED

7-1-00

904- 910-9947

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Daytime Phone #



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 (UniformBusiness 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.