

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047489

1. Entity Name

ADVANCE SETTLEMENT FUNDING, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90073 015 ***150.00

Principal Place of Business

325 S.R. 26
MELROSE FL 32666

Mailing Address

PO BOX 2000
MELROSE FL 32666

2. Principal Place of Business

1111 N.E. 25 Ave.

3. Mailing Address

P.O. Box 1119

Suite, Apt. #, etc.

Suite 402

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Silver Springs, FL

Zip

34470

Country

U.S.

Zip

34489

Country

U.S.

4. FEI Number

59-3577036

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSEY, MICHAEL D
325 S.R. 26
MELROSE FL 32666

7. Name and Address of New Registered Agent

Name

Roger C. Wood

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

1111 N.E. 25 Ave. Suite 402

City

Ocala

FL

34470

8. The above named entity submits this statement for the purpose of registering its registered office, registered agent, or both, in the State of Florida.

SIGNATURE

Roger C. Wood, Vice Pres. & Director

April 1, 2001

Signature, type 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, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MASSEY, MICHAEL D	
STREET ADDRESS	325 SR 26	
CITY-ST-ZIP	MELROSE FL 32666	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AI J. Cone	
STREET ADDRESS	1111 N.E. 25 Ave. Suite 402	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger C. Wood	
STREET ADDRESS	1111 N.E. 25 Ave. Suite 402	
CITY-ST-ZIP	Ocala, FL 34470	
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
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 other like empowered.

SIGNATURE:

Roger C. Wood, Vice Pres. & Director

Date

Daytime Phone #

4-1-01 352/481-0404

0472815

CR2E034 (10/00)