

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90082 048 ***150.00

0842927 AT

DOCUMENT # P99000047489

1. Entity Name

ADVANCE SETTLEMENT FUNDING, INC.



Principal Place of Business

1111 NE 25 AVE
STE 402
OCALA FL 34470

Mailing Address

PO BOX 1119
SILVER SPRINGS FL 34489

2. Principal Place of Business

3. Mailing Address

1427 S.E. Ft. King St.

Suite, Apt. #, etc.

Ocala, FL

Suite, Apt. #, etc.

City & State

34471

City & State

Zip

34471

Country

USA

Zip

Country

4. FEI Number

59-3577036

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WOOD, ROGER C
1111 NE 25 AVE
STE 402
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

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

1427 S.E. Ft. King St.

City

Ocala

FL

Zip Code

34471

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Roger C. Wood
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CONE, AL J**
STREET ADDRESS **1111 NE 25 AVE STE 402**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☒ Change ☐ Addition
NAME **1427 S.E. Ft. King St.**
STREET ADDRESS **Ocala, FL 34471**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WOOD, ROGER C**
STREET ADDRESS **1111 NE 25 AVE STE 402**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☒ Change ☐ Addition
NAME **1427 S.E. Ft. King St.**
STREET ADDRESS **Ocala, FL 34471**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger C. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)