## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 799600073057 FINANCE USA, INC. 00 MAR -6 AM 9:57 Principal Place of Business Mailing Address 2400 NG 10# STEET #308 SECAL STATE TALLAHASSEE, FLORIDA 1801 S. FEPERAL HWY 223 2400 NO .-POMPHOD BEACH, FL 2306 Z 2. Principal Place of Business 3. Mailing Address 1801 S. FEDERAL HWY #223 2400 NE 10 DO NOT WRITE IN THIS SPACE OMPHO Velary Beach 4. FEI Number Applied For 33483 65-0941168 3306Z USA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEOFFREY R. EISELE 4550 ANGLERS AVENUE FT. LAUDERPALE, FL 33312 rpose of changing its registered office or registered agent, or both, in the State of Florida. STEPHEN C. HOLMES FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 Pres., V.P., Director LEOFFAEY R. EISELL 4550 ANGLERS AUC ☐ Addition TITLE TITLE Change Delete NAME NAME 300003164663--8 STREET ADDRESS STREET ADDRESS -93/19/99--91919--998 FT. LAUDOLOME, FL 33312 CITY-ST-ZIP CITY-ST-7IP <u> \*\*\*\*\*61\_25</u> 赤条条条的[1] TREAS, DULFGOR Addition ☐ Change TITLE TITLE MICHAEL J. FITZIATRICK NAME NAME 4550 ANGLERS AUG STREET ADDRESS STREET ADDRESS FT. LANDERDALE, FL 33312 CITY-ST-ZIP CITY-ST-ZIP PRES, V.P., SEC, TREBS., DIRECTOR \_ Change Addition Delete STEPHEN C. HOLMES NAME NAME 2400 NE 10 STREET STREET ADDRESS STREET ADDRESS POMPANO BOACH, FL 3306Z CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of Juste 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 simpowered.

SIGNATURE:

CHARLES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2000

(954) 942-6070