

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90267 034 ***150.00

DOCUMENT # P99000073057

1. Entity Name
FINANCE USA, INC.

Principal Place of Business

Mailing Address

~~1901 S. FEDERAL HWY #225~~

~~2400 NE 10TH ST. #308~~

~~DELRAY BEACH FL 33483~~

~~POMPANO BEACH FL 33062~~

US

US

2. Principal Place of Business

3. Mailing Address

2425 E. COMMERCIAL Blvd.

4430 NE 22 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

FT. LAUDERDALE, FL

LIGHTHOUSE POINT, FL

Zip

Zip

33308

Country

Country

USA

33064

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLMES, STEPHEN R
2400 NE 10TH STREET, #308
POMPANO BEACH FL 33062

Name

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

4430 NE 22 AVE

City

Lighthouse Point, FL

Zip Code

33064

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

STEPHEN HOLMES, PRES.

2/1/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPS
HOLMES, STEPHEN C
2400 NE 10 STREET #308
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4430 NE 22 AVE
LIGHTHOUSE POINT, FL 33064 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HOLMES, STEPHEN C
2400 NE 10 STREET #308
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4430 NE 22 AVE
LIGHTHOUSE POINT, FL 33064 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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: STEPHEN HOLMES, PRES. 2/1/01 (954) 592-2193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)