

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91269 023 \*\*\*150.00

ADDRESS AV

**DOCUMENT # S50187**

1. Entity Name  
**AMERICAN BUSINESS CREDIT CORPORATION**



Principal Place of Business  
**11201 DANKA CIRCLE NORTH  
CORP. TAX  
ST. PETERSBURG FL 33716**

Mailing Address  
**11201 DANKA CIRCLE NORTH  
TAX DEPARTMENT  
ST. PETERSBURG FL 33716**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3066163** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LOWREY, P. LANG III 11201 DANKA CIRCLE NORTH SAINT PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MERRIMAN, BRIAN L 11201 DANKA CIRCLE NORTH SAINT PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MAVIS, TODD L 11201 DANKA CIRCLE NORTH ST PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD NELSEN, KEITH J 11201 DANKA CIR N ST PETERSBURG FL 33716</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WOLFINGER, F. MARK 11201 DANKA CIRCLE N SAINT PETERSBURG FL 33716</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DAVIS, RICARDO A 11201 DANKA CIRCLE N SAINT PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Todd L. Mavis 11201 Danka Circle N. St. Petersburg, FL 33716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Laurens F. Schaud, Jr. 11201 Danka Circle N. St. Petersburg, FL 33716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Anthony DeLuca 11201 Danka Circle N. St. Petersburg, FL 33716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Thomas J. Anderlik 11201 Danka Circle N. St. Petersburg, FL 33716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** Jeff T. Wood **REQUIRED** 3/18/03 (727) 578-6727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

# Attachment

## AMERICAN BUSINESS CREDIT CORPORATION

### ATTACHMENT TO 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

Name	Title	Business Address
Todd L. Mavis	Director/President	11201 Danka Circle N., St. Petersburg, FL 33716
F. Mark Wolfinger	Director/Vice President	11201 Danka Circle N., St. Petersburg, FL 33716
Keith J. Nelsen	Director /Vice President / Secretary	11201 Danka Circle N., St. Petersburg, FL 33716
Laurens F. Schaad, Jr.	Director/Treasurer	11201 Danka Circle N., St. Petersburg, FL 33716
Anthony DeLuca	Vice President	11201 Danka Circle N., St. Petersburg, FL 33716
Thomas J. Anderlik	Vice President	11201 Danka Circle N., St. Petersburg, FL 33716
Sanjay Sood	Vice President	11201 Danka Circle N., St. Petersburg, FL 33716
Jeff T. Wood	Assistant Secretary	11201 Danka Circle N., St. Petersburg, FL 33716