

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90393 002 ***150.00

0064570

DOCUMENT # S58087

1. Entity Name

NEIGHBORHOOD FINANCE COMPANY

Principal Place of Business

Mailing Address

~~124 COUNTRYSIDE DR~~
~~LONGWOOD FL 32779~~

~~124 COUNTRYSIDE DR~~
~~LONGWOOD FL 32779~~

00041799

2. Principal Place of Business

3. Mailing Address

610 S. SWEETWATER COVE BLVD

610 S. SWEETWATER COVE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-3072676

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAGLIANETTI, MICHELE A.

~~124 COUNTRYSIDE DR~~
~~LONGWOOD FL 32779~~

Name

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

610 S. SWEETWATER COVE BLVD

City **LONGWOOD**

FL

Zip Code **32779**

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

Michele Taglianetti

Signature, typed 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPT**
 STREET ADDRESS **TAGLIANETTI, MICHELE A.**
 CITY-ST-ZIP **124 COUNTRYSIDE DR**
LONGWOOD FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **610 S. SWEETWATER COVE BLVD**
 CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Michele Taglianetti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)