

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V02880

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** COURTESY ACCEPTANCE CORPORATION

**Current Principal Place of Business:**

707 MENDHAM BLVD  
STE 100  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/OROBER M. STEENBERGH  
707 MENDHAM BLVD/#100  
ORLANDO, FL 32825 US

**New Mailing Address:**

**FEI Number:** 59-3101157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEENBERGH, ROBERT M  
707 MENDHAM BLVD.  
STE 100  
ORLANDO, FL 32825

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD (X) Delete  
Name: SWOPE, SAMUEL G.,  
Address: 3135 TALA LOOP  
City-St-Zip: LONGWOOD, FL 32779

Title: VD ( ) Delete  
Name: HACKETT, DAVID KIMBE, RLEY  
Address: 2100 N OCEAN BLVD #1204  
City-St-Zip: FORT LAUDERDALE, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: HACKETT, DAVID KIMBE, RLEY  
Address: 2100 N OCEAN BLVD #1204  
City-St-Zip: FORT LAUDERDALE, FL 33305

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KIMBERLEY HACKETT

PD

04/30/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date