2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90108 016 ***150.00

DOCUMENT # P01000017946

1. Entity Name
CREDIT CONSOLIDATION, INC.

Principal Place of Business	Mailing Address
2821 FALLING TREE CIRCLE ORLANDO FL 32837	2821 FALLING TREE CIRCLE ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3170 N. FEDERAL HWY	3170 N. FEDERAL HWY.
Suite, Apt. #, etc.: 211 B	Suite, Apt. #, etc.: 211 B
City & State: LIGHTHOUSE PT.	City & State: LIGHTHOUSE PT.
Zip: 33064 Country:	Zip: 33064 Country:

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BANKCREDIT CARDS, INC.
129 NW 13TH ST STE D-17
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: LIBERTY GROUP
Street Address (P.O. Box Number is Not Acceptable): 3170 N. FED. HWY. Suite 211 B
City: LIGHTHOUSE PT, 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] GUIDO VOLANTE, V.P. DATE: 4/22/02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	DP SPARGO, JOHN 2821 FALLING TREE CIR ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. GUIDO VOLANTE 3170 N. FEDERAL HWY. Suite 211B LIGHTHOUSE POINT, FL. 33064 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: GUIDO VOLANTE, V.P. [signature] 4.22.02 954 788.8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)