## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 379996** 

City-St-Zip: NEW PORT RICHEY, FL 34652

Entity Name: CREDIT SERVICES, INC.

FILED Jan 20, 2003 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
6329 RIVE P.O. BOX NEW POR		34656		6329 RIVER ROAD NEW PORT RICHEY, FL	. 34652	
Current Mailing Address:				New Mailing Address:		
6329 RIVE P.O. BOX NEW POR		34656		P.O. BOX 335 NEW PORT RICHEY, FL	. 34656	
FEI Number	: 59-1318972	FEI Number Applied For ( )	FEI Num	ber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
RAY, JAM 6329 RIVE NEW POR		33552 US		RAY, JAMES E. 6329 RIVER RD NEW PORT RICHEY, FL	. 34652 US	
	e named entity s e of Florida.	submits this statement for the	purpose of	changing its registered o	ffice or registered agent, or both,	
SIGNATURE:					01/20/2003	
	Electron	ic Signature of Registered A	gent		Date	
	mpaign Financing	g Trust Fund Contribution(). TORS:		ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	RAY, JAMES É. 6329 RIVER RD NEW PORT RIC			Name: Address: City-St-Zip:	Change ( ) Addition  Change ( ) Addition	
Name: Address:	SHEHORN, STA 6329 RIVER RD	CEY		Name: Address:	Change ( ) Addition	

City-St-Zip:

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: STACEY SHEHORN PRES 01/20/2003