

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90054 033 ***150.00

DOCUMENT # 413874

1. Entity Name
CREDIT BUREAU OF FORT WALTON BEACH, INC.

Principal Place of Business
**711 NORTH EGLIN PARKWAY
 P.O. BOX 2500
 FORT WALTON BEACH FL 32549**

Mailing Address
**711 NORTH EGLIN PARKWAY
 P.O. BOX 2500
 FORT WALTON BEACH FL 32549**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1428718**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**COOLEY, TOMMY M.
 711 NORTH EGLIN PARKWAY
 FT. WALTON BEACH FL 32548**

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.

SIGNATURE _____ DATE _____
Signature, typed 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.

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	PD	<input type="checkbox"/> Delete
NAME	COOLEY, TOMMY M	
STREET ADDRESS	712 MOORE CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOLEY, OLIVIA D.	
STREET ADDRESS	712 MOORE CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VON DER OSTEN, JOANN	
STREET ADDRESS	188 MIRAMAR DRIVE.	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOLEY, OLIVIA D.	
STREET ADDRESS	712 MOORE CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joann Von Der Osten* **4/10/01** **850-862-2634**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)