

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90224 037 ***150.00

DOCUMENT # 416332

1. Entity Name
MERCHANTS ASSOCIATION CREDIT BUREAU, INC.



Principal Place of Business
**C/O RICHARD C. SWIRBUL
134 S. TAMPA STREET
TAMPA FL 33602**

Mailing Address
**C/O RICHARD C. SWIRBUL
134 S. TAMPA STREET
TAMPA FL 33602**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1447756**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWIRBUL, RICHARD C.
134 SOUTH TAMPA STREET
TAMPA FL 33602**

Name **RODRIGUEZ, PETER**

Street Address (P.O. Box Number is Not Acceptable)
134 SOUTH TAMPA STREET

City **TAMPA**

FL

Zip Code **33602**

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. I am familiar with, and accept the obligations of registered agent.

**PETER RODRIGUEZ, JR.
PRESIDENT**

1/24/03

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	SWIRBUL, RICHARD C.
STREET ADDRESS	134 SOUTH TAMPA ST
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	KARTT, MICHAEL I.
STREET ADDRESS	200 N TAMPA ST #118
CITY-ST-ZIP	TAMPA FL
TITLE	T <input type="checkbox"/> Delete
NAME	MCMULLEN, JOHN S
STREET ADDRESS	134 SOUTH TAMPA ST.
CITY-ST-ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> Delete
NAME	KRONE, ROBERT
STREET ADDRESS	134 S. TAMPA ST
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	BOOS, ROBERT
STREET ADDRESS	19321-C US HWY 19 NORTH
CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	S <input type="checkbox"/> Delete
NAME	MEADOR, CAROL JO
STREET ADDRESS	134 S. TAMPA STREET
CITY-ST-ZIP	TAMPA FL

TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, PETER
STREET ADDRESS	134 SOUTH TAMPA STREET
CITY-ST-ZIP	TAMPA, FLORIDA
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PETER RODRIGUEZ, JR.
PRESIDENT**

1/24/03

813 273-7705

Date

Daytime Phone #

CR2F034 (10/02)