2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 695492

City-St-Zip:

Entity Name: CASH OR CREDIT CARS, INC.

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

Current Principal Place of Business: New Principal Place of Business: 3701 OKEECHOBEE RD 3701 OKEECHOBEE RD FT PIERCE, FL 34950 FT PIERCE, FL 34947 **Current Mailing Address: New Mailing Address:** 3701 OKEECHOBEE RD 3701 OKEECHOBEE RD FORT PIERCE, FL 34950 FORT PIERCE, FL 34947 FEI Number: 59-2242981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DEROSA, ANTHONY CURRAN, JAMES 3701 OKÉECHOBEE RD 2641 EASTMAN STREET PORT SAINT LUCIE, FL 34953 US US FORT PIERCE, FL 34947 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: JAMES CURRAN 04/30/2002 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SCHNEIDER, STEVEN, SCHNEIDER, STEVEN, Name: Name: 3409 ROSELAWN BLVD. 3409 ROSELAWN BLVD. Address: Address: FT PIERCE, FL 34982 City-St-Zip: FT PIERCE, FL 34982 City-St-Zip: VPD Title: () Change () Addition Title: () Delete Name: DEROSA, ANTHONY Name: 2641 SW EASTMAN ST Address: Address: PORT SAINT LUCIE, FL 34953 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete CLAASSEN, JAMES Name: Name: 2607 CHESTERFIELD DR Address Address: City-St-Zip: City-St-Zip: FORT PIERCE, FL 34982 US Title: () Delete Title: () Change (X) Addition CURRAN, JAMES Name: Name: Address: Address: 1535 19TH AVE SW

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.

City-St-Zip:

VERO BEACH, FL 32962 US

SIGNATURE: JAMES CURRAN PT 04/30/2002