

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 710286**

1. Entity Name

ASSOCIATED CREDIT BUREAUS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

4250 KELSON AVE.
MARIANNA FL 32446
USP.O. BOX 764
MARIANNA FL 32447
US

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

59-6142091

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, DONALD D
4250 KELSON AVE.
MARIANNA FL 32446

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **SD** ☐ Delete
NAME **KRONE, ROBERT**
STREET ADDRESS **134 S TAMPA ST.**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **BRACKETT, ROBERT**
STREET ADDRESS **2066 14 AVE**
CITY-ST-ZIP **VERO BCH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **VON DER OSTON, JO ANN**
STREET ADDRESS **711 ELGIN PKWY N.E.**
CITY-ST-ZIP **FT. WALTON BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **HUGHES, DONALD D**
STREET ADDRESS **4250 KELSON AVE.**
CITY-ST-ZIP **MARIANNA FL 32446**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **MCDONELS, MIKE**
STREET ADDRESS **109 S.E. 1ST ST.**
CITY-ST-ZIP **OCALA FL 34471**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 617, 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 REQUIRED

1-7-02

850-526-3804

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90014 031 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)