

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90200 043 \*\*\*150.00

**DOCUMENT # F00000004605**

1. Entity Name  
**FINANCIAL CREDIT CORP.**

Principal Place of Business

Mailing Address

PO BOX 2040  
 WARREN MI 48090-2040

PO BOX 2040  
 WARREN MI 48090-2040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3364908**

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

7. Name and Address of New Registered Agent

**MIRO, RODOLFO J**  
**815 PONCE DE LEON BLVD.**  
**CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

**563 LAKE KATHY DRIVE**

City

**BRANDON**

FL

Zip Code

**33510**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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 **P** ☐ Delete  
 NAME **BRADLEY IV, NATHANIEL F**  
 STREET ADDRESS **576 WASHINGTON**  
 CITY-ST-ZIP **GROSSE POINTE MI**

☒ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **6985 MILLER RD**  
 CITY-ST-ZIP **WARREN MI 48092**

TITLE **T** ☐ Delete  
 NAME **REDMAN, MARK A**  
 STREET ADDRESS **8295 PARK DRIVE**  
 CITY-ST-ZIP **CLARKSTON MI**

☒ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **6985 MILLER RD**  
 CITY-ST-ZIP **WARREN MI 48092**

TITLE **CD** ☐ Delete  
 NAME **REITZEL JR, RUFUS H**  
 STREET ADDRESS **83 SHADOW LANE**  
 CITY-ST-ZIP **LAKELAND FL**

☒ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **6985 MILLER RD**  
 CITY-ST-ZIP **WARREN MI 48092**

TITLE **D** ☐ Delete  
 NAME **REITZEL, HEATHER**  
 STREET ADDRESS **83 SHADOW LANE**  
 CITY-ST-ZIP **LAKELAND FL**

☒ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **6985 MILLER RD**  
 CITY-ST-ZIP **WARREN MI 48092**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 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:

*Mark A. Redman*

**MARK A. REDMAN**

**5/10/01**

**810 446-7803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)