

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90167 031 ***150.00

DOCUMENT # F00000004885

1. Entity Name
CREDITORS FINANCIAL SERVICES, INC.



Principal Place of Business
5142 CLARETON DRIVE #140
AGOURA HILLS CA 91301-4528

Mailing Address
5142 CLARETON DRIVE #140
AGOURA HILLS CA 91301-4528

2. Principal Place of Business
9403 Lurline Ave.
Suite, Apt. #, etc.

3. Mailing Address
9403 Lurline Ave.
Suite, Apt. #, etc.

City & State
Chatsworth, CA

City & State
Chatsworth, CA

4. FEI Number **39-5415187**

Applied For
Not Applicable

Zip **91311** **Country** **USA**

Zip **91311** **Country** **USA**

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

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

TITLE **CDPS** ☐ **Delete**
NAME **LENTZ, STEPHEN**
STREET ADDRESS **5142 CLARETON DRIVE #140**
CITY-ST-ZIP **AGOURA HILLS CA 91301-4528**

TITLE **T** ☐ **Delete**
NAME **LENTZ, STEPHEN**
STREET ADDRESS **5142 CLARETON DRIVE #140**
CITY-ST-ZIP **AGOURA HILLS CA 91301-4528**

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Address** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **9403 Lurline Ave.**
CITY-ST-ZIP **Chatsworth, CA 91311**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **9403 Lurline Ave.**
CITY-ST-ZIP **Chatsworth, CA 91311**

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **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 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

3-10-03 818-709-7096

CR2E034 (10/02)