

FILED
Jul 31, 2002 8:00 am
Secretary of State

06-30-2002 90229 047 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001430

1. Entity Name
ALLIED CREDIT SERVICE CO INC.

Principal Place of Business Mailing Address
8960 BAY COLONY DR. 8960 BAY COLONY DR.
NAPLES FL 34108 NAPLES FL 34108

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 13-3470504 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
VOGEL, CAROLYN
8960 BAY COLONY DR.
NAPLES FL 34108

7. Name and Address of New Registered Agent
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: *Carolyn Vogel* DATE: *6/10/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD VOGEL, CAROLYN 8960 BAY COLONY DR. NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carolyn Vogel* DATE: *7/24/02* DAYTIME PHONE #: *9410914308*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40289



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)