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

Mailing Address

## F01000001430 **DOCUMENT #**

1. Entity Name

Principal Place of Business

ALLIED CREDIT SERVICE CO INC.



**FILED** Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90132 007 \*\*\*150.00

) (20)(23 titl 60)01 (16)( 60)(1 60)(1 60)(1 60)(1 60)(1 60)

Surfa, App # etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Exp.  Country  Se. Certificate of States Desired  Se. 75 Additions  Forect Address of New Registered Agent  Name  Norect Address (P.O., Box Number is Not Acceptable)  See 84.75 Additions  Forect Address (P.O., Box Number is Not Acceptable)  See 980 BAY COLONY DR  Name  Sirect Address (P.O., Box Number is Not Acceptable)  FLE Agents  Sirect Address (P.O., Box Number is Not Acceptable)  FLE Now!!! FEE IS \$150.00  Make Check Payable to Florida Department of state  Sirect Address (P.O., Box Number is Not Acceptable)  FLE Now!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  Sirect Address (P.O., Box Number is Not Acceptable)  FLE Now!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  Sirect Address (P.O., Box Number is Not Acceptable)  FLE Now!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  Sirect Address (P.O., Box Number is Not Acceptable)  Sirect Address (P.O., Box Number is Not Acceptable)  FLE Now!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  Sirect Address (P.O., Box Number is Not Acceptable)  FLE Now!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  Sirect Address (P.O., Box Number is Not Acceptable)  FLE Now!! FEE IS \$150.00  Make Check Payable to Florida Department of State  Sirect Address (P.O., Box Number is Not Acceptable)  FLE Now!! FEE IS \$150.00  Make Check Payable to Florida Department of State  Sirect Address (P.O., Box Number is Not Acceptable)  FLE Now!! FEE IS \$150.00  Now Is Now I	NAPLES FL		NAPLES FL	341 <b>0</b> 8						
City & State    City & State   City & State   City & State   A. FEI Number 13-3470604   Apoiled   Not Apple				3. Mailing Address					JIJA JIJA TIERI	
Zip Country Zip Country S. Certificate of Status Desired Status Desired See Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POCONY DR:  NAPLES R. 34108 Signal Address of New Registered Agent 7. Name and Address of New Registered Agent Name See Reported Agent Pocony DR:  NAPLES R. 34108 CRy FL Zip Code  8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a fee obligations of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with, and a fee obligation of registered agent, or both, in the State of Florida. I am familiar with,	Suite, Apt.	. #, etc.	Suite, Apt.	#, etc.		حنيف استعن	CHECK HERE	IF MAKING	CHANGES	~-~~
Second   S	City & State		City & Stat	City & State			13-3470504	4	<del></del>	plied For
VOGEL, CAROLYN 8980 BAY COLONY DR NAPLES FL 34108  City FL Zip Code 6, The above named entity submits this statement for the purpose of changing its registered addition or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE STSD,00  After that y'; 2003 Fee will be \$55000  Af	Zip	Country	Zip	Co	ountry	<b>5.</b> Ce	ertificate of Status Desired		8.75 Add	litional
Signature  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  IT MAKE  OFFICERS AND DIRECTORS  OTH STATE AND SECOND STATE AND SECOND STATE AND SECOND SEC		6. Name and Address of Curre	nt Registered Age	ent		7. Na	me and Address of New I	Registered A	gent	
Bi, The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.    City   FL   Zip Code	8960 BĀY	COLONY DR				ress (P.O.,Box	Number:is:Not:Acceptable	e)======		
the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1; 2003 Fee Will be \$550.00  After May 1; 2003 Fee Will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  WAVE  STREET ADDRESS  CITY-ST-ZP  THE  WAME  STREET ADDRESS  CITY-ST-ZP  THE  MAKE  STREET ADDRESS  CITY-ST-ZP  THE  Change  A C		3°								f
FILE NOW!!! FEE IS \$150.00  After Harby 1, 2003 Fee Will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1**  ITILE  WAME STREET ADDRESS CITY-ST-2IP  ITILE  WAME STREET ADDRESS STREE	the obligat	enamed entity submits this statement tions of registered agent.	for the purpose of	changing its regis	tered office or re	gistered agen	it, or both, in the State of Fl	orida. I am fa	miliar with,	and accept
After May 1, 2003 Fee Will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typeo or printed name of registered age	ent and title if applicable.	(NOTE: Regis	tered Agent signature r	equired when reins	tating)	DATE		·
After May 1, 2003 Fee Will be \$550.00  Make Check Payable to Florida Department of State  10.	F	ILE NOW!!! FEE IS \$150.00								
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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 attackment with an address with all other like/empowered.

**SIGNATURE:**