

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000094

1. Entity Name

CREDIT PLUS SOLUTIONS GROUP, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90031 007 ***158.75

Principal Place of Business

2491 PAXTON ST
HARRISBURG, PA 17106-7102

Mailing Address

2491 PAXTON ST
HARRISBURG, PA 17106-7102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

80051794

DO NOT WRITE IN THIS SPACE

4. FEI Number

23-0675180

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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

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, 2000 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|----------------|---------------------|----------------------|--------------------------|-------------------------------------|
| PRESIDENT | WEST, LEEA | 6621 JEFFERSON ST. | HARRISBURG, PA | <input checked="" type="checkbox"/> |
| VICE PRESIDENT | SWEGER, DARYLL | 6350 SOMERSET ST. | HARRISBURG, PA | <input type="checkbox"/> |
| CD | SUTLIF, JOSEPH | 1031 FAIRDELL DR | HUMMELSTOWN, PA 17036 | <input checked="" type="checkbox"/> |
| VO | MCLAUGHLIN, WILLIAM | 5 ACACENT CIRCLE | CAMP HILL, PA 17011 | <input type="checkbox"/> |
| CD | SMITH, DAVID | 409 COLONIAL CLUB DR | HARRISBURG, PA 17112 | <input type="checkbox"/> |
| CD | ALFORD, BRIGID | 510 THIRD ST. | NEW CUMBERLAND, PA 17070 | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-----------|---------------------|----------------------|----------------------|-------------------------------------|-------------------------------------|
| PRESIDENT | SWEGER, DARYLL | 6350 SOMERSET ST. | HARRISBURG, PA | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | WAGNER, GREGORY | 931 HARMON ST | PALMYRA, PA 17078 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CD | MCLAUGHLIN, WILLIAM | 5 ACACENT CIRCLE | CAMP HILL, PA 17011 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VO | SMITH, DAVID | 409 COLONIAL CLUB DR | HARRISBURG, PA 17112 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-2000

Date

717-236-8061 ext. 2191

Daytime Phone #

CR2E034 (9/99)