

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90060 032 ***550.00

DOCUMENT # F99000004455

1. Entity Name

KARZMAN CREDIT CORP.

Principal Place of Business

Mailing Address

~~58 WENDOVER WAY~~
BEDFORD NH 03110

~~58 WENDOVER WAY~~
BEDFORD NH 03110

2. Principal Place of Business

40 S. River Rd

3. Mailing Address

40 S. River Rd

Suite, Apt. #, etc.

Unit 21

Suite, Apt. #, etc.

Unit 21

City & State

Bedford NH

City & State

Bedford NH

Zip

03110

Country

Zip

03110

Country

4. FEI Number

02-0508032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUSSIER, MARGARET
14985 TAMiami TRAIL
FT MYERS FL 33912

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

Margaret Lussier

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-17-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PCDT	<input type="checkbox"/> Delete
NAME	LUSSIER, GEORGE	
STREET ADDRESS	58 WENDOVER WAY	
CITY-ST-ZIP	BEDFORD NH	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUSSIER, MARGARET	
STREET ADDRESS	58 WENDOVER WAY	
CITY-ST-ZIP	BEDFORD NH	
TITLE	S	<input type="checkbox"/> Delete
NAME	STARR, WADLEIGH	
STREET ADDRESS	95 MARKET STREET	
CITY-ST-ZIP	MANCHESTER NH	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUSSIER, STEPHEN P	
STREET ADDRESS	22 STEPHENSTONE LANE	
CITY-ST-ZIP	BEDFORD NH	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUSSIER, DANIEL J	
STREET ADDRESS	1 PINECREST CIRCLE	
CITY-ST-ZIP	BEDFORD NH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Lussier	
STREET ADDRESS	4824 Laurel Lane	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lussier, Margaret	
STREET ADDRESS	4824 Laurel Ln.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Lussier	
STREET ADDRESS	4824 Laurel Ln.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	Lussier Stephen P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 WILLOWOOD DR	
STREET ADDRESS	BEDFORD, NH 03110	
CITY-ST-ZIP		
TITLE	Remove Daniel Lussier	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)