

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90177 037 ***150.00

DOCUMENT # F99000004455

1. Entity Name

KARZMAN CREDIT CORP.

Principal Place of Business

**40 S RIVER RD
 UNIT 21
 BEDFORD NH 03110**

Mailing Address

**40 S RIVER RD
 UNIT 21
 BEDFORD NH 03110**

2. Principal Place of Business

3. Mailing Address

225 Eddy Rd.

P.O. Box 10720

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Manchester, N.H.

City & State

Bedford, N.H.

Zip

03102

Country

Hillsborough

Zip

03110

Country

Hillsborough

6. Name and Address of Current Registered Agent

**LUSSIER, MARGARET
 14985 TAMAMI 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

☒ 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

Margaret Lussier

4-10-02

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, 2002 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 ☐ Delete
 NAME **PCDT**
 STREET ADDRESS **LUSSIER, GEORGE**
 CITY-ST-ZIP **4829 LAUREL LANE
 FORT MYERS FL 33908**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **LUSSIER, MARGARET**
 CITY-ST-ZIP **4829 LAUREL LANE
 FORT MYERS FL 33908**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **STARR, WADLEIGH**
 CITY-ST-ZIP **95 MARKET STREET
 MANCHESTER NH**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LUSSIER, STEPHEN P**
 CITY-ST-ZIP **2 WILDWOOD DR
 BEDFORD NH 03110**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)