

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90195 010 \*\*\*150.00

**DOCUMENT # F99000004455**



**1. Entity Name**  
**KARZMAN CREDIT CORP.**

**Principal Place of Business**  
225 EDDY RD  
MANCHESTER NH 03102

**Mailing Address**  
PO BOX 10720  
BEDFORD NH 03110

20029441



**2. Principal Place of Business**  
744 Daniel Webster Hwy  
Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. Box 10720  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
Merrimack N.H.

**City & State**  
Bedford N.H.

**4. FEI Number** 02-0508032

**Applied For**  
☐ Not Applicable

**Zip** 03054

**Country** Hillsborough

**Zip** 03110

**Country** Hillsborough

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

LUSSIER, MARGARET  
14985 TAMiami TRAIL  
FT MYERS FL 33912

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Margaret Lussier*

3-21-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Stephen P. Lussier*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-03

Date

603-669-6040

Daytime Phone

CR2E034 (10/02)