

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2000 8:00 am  
Secretary of State

02-15-2000 90012 050 \*\*\*150.00

DOCUMENT # F99000005274

1. Entity Name

UNITED CREDIT SYSTEMS, INC.

Principal Place of Business

Mailing Address

CIRCLE 75 PKWY. F6165  
ATLANTA GA 30339

4501 CIRCLE 75 PKWY. F6165  
ATLANTA GA 30339-6050

C0022451



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Circle 75 Pkwy F6165 APT. GA.

3. Mailing Address

4501 Circle 75 Pkwy F6165

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F6165

F6165

City & State - Atlanta, GA

City & State - Atlanta

Zip 30339

Country

Zip

Georgia

Country

4. FEI Number

58-1820376

Applied For

Not Applicable

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

KING, DARCOVA  
1420 NEW BELLEVUE AVE. #1716  
DAYTONA BEACH FL 32114

Name

N/A

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

Shirley D. Lett REQUIRED 1/13/2000

770-953-4187

CR2E034 (9/99)