

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18229

1. Entity Name

ALLIANCE CREDIT CORPORATION, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90014 046 ***150.00

Principal Place of Business

% DOUGLAS SWENSON
1955 KILMER LANE
APOPKA FL 32703

Mailing Address

% DOUGLAS SWENSON
1955 KILMER LANE
APOPKA FL 32703

643605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 FALLSMEAD CIR.

3. Mailing Address

600 FALLSMEAD CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-2249723

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWENSON, DOUGLAS
1955 KILMER LANE
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600 FALLSMEAD CIR.

City

LONGWOOD

FL

Zip Code

32750

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

DOUGLAS SWENSON

Douglas Swenson

4/20/01

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, 2001 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 DP
NAME SWENSON, DOUGLAS
STREET ADDRESS 1955 KILMER LANE
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SWENSON, DOUGLAS
STREET ADDRESS 600 FALLSMEAD CIR.
CITY-ST-ZIP LONGWOOD, FL 32750 ☒ Change ☐ Addition

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

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

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

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

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

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:

Douglas Swenson

DOUGLAS SWENSON

407.331.2880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)