

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90240 028 ***150.00

DOCUMENT # **G18229**

1. Entity Name
ALLIANCE CREDIT CORPORATION, INC.



Principal Place of Business
**770 BLADES COURT
WINTER SPRINGS FL 32708**

Mailing Address
**770 BLADES COURT
WINTER SPRINGS FL 32708**

2. Principal Place of Business
637 WHITE IBIS CT
Suite, Apt. #, etc.

3. Mailing Address
637 WHITE IBIS CT
Suite, Apt. #, etc.

City & State
WINTER SPRINGS, FL
Zip
32708
Country
USA

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WINTER SPRINGS, FL
Zip
32708
Country
USA

4. FEI Number **59-2249723**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SWENSON, DOUGLAS
770 BLADES COURT
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
637 WHITE IBIS CT
City **WINTER SPRINGS, FL** Zip Code **32708**

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: *Douglas Swenson*
Signature, typed or printed name of registered agent and title if applicable

DOUGLAS SWENSON, PRES. *02/18/2003*
(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SWENSON, DOUGLAS 770 BLADES COURT WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	637 WHITE IBIS CT. WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Douglas Swenson* *DOUGLAS SWENSON, PRES.* *02/18/2003* *407-695-1745*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)