

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H09709

1. Entity Name
CREDIT UNION SERVICES, INC.

Principal Place of Business
11207 N. NEBRASKA AVE.
TAMPA FL 33602

Mailing Address
11207 N. NEBRASKA AVE.
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELBER, RICHARD
711 S DALE MABRY
TAMPA FL 33609

Name

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

City

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DUBOSE, JIMMY
2307 ANDRE DRIVE
LUTZ FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director (D)
Jimmy Dubose
18729 Chaville ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HELBER, RICHARD
LUTZ FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
18729 Chaville ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JAMES, FRANCES
1812 ALCORN RD.
VALRICO FL 33594 ☐ Delete
(change spelling)

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director (D)
Paula Jurgenson
3306 Waincraft
Tampa, FL 33611 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BEAUCHAMP, CHARLIE
9826 MCINTOSH ROAD
DOVER FL 33527 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Chairman
Vickie Thompson
1215 Scottsland Drive
Lakeland, FL 33813 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
THORNHILL, HARRISON L.
3200 LUCERNE PARK ROAD
WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director (D)
Rick Hagan
734 4th Ave, NE
St. Petersburg, FL 33703 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BASS, ROSE MARIE
15904 TREVISE LANE
ODESSA FL 33556 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director (D)
Tom Quayle
8413 Bay Pointe Drive
Tampa, FL 33615 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/01

Date

813-871-2690

Daytime Phone #

CR2E034 (10/00)

0455392



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2437850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required