

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90028 049 ***150.00

DOCUMENT # H72113

1. Entity Name
CREDITOR ASSURANCE RESOURCES, INC.

Principal Place of Business Mailing Address
PO BOX 840163 PO BOX 840163
ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084

306000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2556228** 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

STRANDHAGEN, WILLIAM M.
164 INLET DRIVE
ST AUGUSTINE FL 32080

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | D STRANDHAGEN, WILLIAM M. 164 INLET DR ST AUGUSTINE FL 32084 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NEW ZIP CODE - 32080 |
| <input type="checkbox"/> Delete | D STRANDHAGEN, KAREN L. 164 INLET DR ST AUGUSTINE FL 32084 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NEW ZIP CODE - 32080 |
| <input type="checkbox"/> Delete | D COLEMAN, WILLIAM H. 3454 FITCH ST. JACKSONVILLE FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (904)
 829-5023
 Daytime Phone #

CR2E034 (9/01)