

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91152 033 ***150.00

DOCUMENT # J62334

1. Entity Name
CREDIT CAR CORPORATION, INC.Principal Place of Business
4905 BALSAM DRIVE
LAND O LAKES FL 34639Mailing Address
5450 COUNTY RD 581
BOX 361
WESLEY CHAPEL FL 33543
US

11040618



2. Principal Place of Business

5450 County RD 581

Suite, Apt. #, etc.
Box 361City & State
Wesley Chapel FLZip Country
33543 USA

3. Mailing Address

5450 Bruce B. Downs

Suite, Apt. #, etc.
Blvd, #361City & State
Wesley Chapel FL 33543Zip Country
33543 USA☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0005149

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, JAMES W
4905 BALSAM DR
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name
J. Warren Blackburn
Street Address (P.O. Box Number is Not Acceptable)
~~5450 County RD 581 Box 361~~
5450 Bruce B. Downs Blvd #361
City
Wesley Chapel FL 33543

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 PRESIDENT 4/28/03

Signature, typed or printed name of registered agent and date if applicable

(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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACKBURN, MELODY S 4905 BALSAM DR LAND O LAKES FL 34639	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blackburn, J. Warren 5450 County RD 581 Box 361 Wesley Chapel, FL 33543	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Business Phone #

CR2E034 (10/02)