


FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90167 038 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J89255	
1. Entity Name	
CENTRAL CREDIT SERVICES, INC.	

DO NOT WRITE IN THIS SPACE

10061313

2. Principal Place of Business 9550 Regency Square Blvd		3. Mailing Address 9550 Regency Square Blvd	
Suite, Apt. #, etc. #602		Suite, Apt. #, etc. #602	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32225		Country US	
Country US		4. FEI Number 59-2834638	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Susan Slagle, Esq.	
	Street Address (P.O. Box Number is Not Acceptable) 1201 San Amaro Road	
	City Jacksonville	FL Zip Code 32207

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 Pete Duran DATE 4/7/03
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHED LIST	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

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

SIGNATURE: Pete Duran DATE 4/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
Central Credit Services, Inc.
LIST OF OFFICERS

PRESIDENT

10061313
J89255

Peter Durante
2900 Westborough Drive
St. Charles MO 63301
636-723-7461
SOCIAL SECURITY NUMBER: 488-70-5637
DATE OF BIRTH:

TREASURER/SECRETARY

Karen K. Durante
2900 Westborough Dr.
St. Charles MO 63301
314-723-7461
SOCIAL SECURITY NUMBER: 492-64-6120
DATE OF BIRTH: 3-23-66