

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-11-2003 90012 015 ****50.00

DOCUMENT # L02000005135

1. Entity Name
CREDIT GUARD, LLC



Principal Place of Business
**25-2ND STREET NORTH SUITE 430
ST. PETERSBURG FL 33701**

Mailing Address
**1 PROGRESS PLAZA #450
ST. PETERSBURG FL 33701**

00000000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
ONE PROGRESS PLAZA

Suite, Apt. #, etc.
#800

City & State
ST. PETERSBURG, FL

Zip
33701

Country
USA

3. Mailing Address
ONE PROGRESS PLAZA

Suite, Apt. #, etc.
#800

City & State
ST. PETERSBURG, FL

Zip
33701

Country
USA

4. FEI Number
27-0053520

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**AVIRAM, JIMMY
25-2ND STREET NORTH SUITE 430
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **DEAN E. KUCERA**
Street Address (P.O. Box Number is Not Acceptable)
ONE PROGRESS PLAZA #800
City **ST. PETERSBURG FL** Zip Code **33701**

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 Dean E. Kucera **DEAN E. KUCERA** **PRESIDENT** **1/23/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **PRINCIPAL/MANAGER** ☐ Delete
NAME **DEAN E. KUCERA**
STREET ADDRESS **ONE PROGRESS PLAZA #800**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Dean E. Kucera **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/03 **727-821-4440**
Date Daytime Phone #

CR2ED83 (10/02)