

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99327

1. Entity Name

ASSOCIATED CREDIT INFORMATION SERVICES, INC. ✓

FILED

Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90081 001 ***550.00

Principal Place of Business

975 EYSTER BOULEVARD
SUITE #2 /
ROCKLEDGE FL 32955

Mailing Address

975 EYSTER BOULEVARD
SUITE #2 /
ROCKLEDGE FL 32955

2. Principal Place of Business

975 Eyster Blvd
Suite, Apt. #, etc.
Suite 1

3. Mailing Address

975 Eyster Blvd
Suite, Apt. #, etc.
Suite 1



DO NOT WRITE IN THIS SPACE

City & State

Rockledge, FL

City & State

Rockledge, FL

4. FEI Number

59-3029138

Applied For

Not Applicable

Zip

32955

Country

Brevard

Zip

32955

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DREHER, THOMAS M.
975 EYSTER BOULEVARD
SUITE 1
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PSD
NAME DREHER, THOMAS M.
STREET ADDRESS 657 SPRING LAKE DR.
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED *Thomas Dreher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/00

Daytime Phone #

321-636-3880