

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90081 023 ****61.25

DOCUMENT # N00000005298

1. Entity Name
CREDICURE, INC.



Principal Place of Business
**4036 COCOPLUM CIRCLE
COCONUT CREEK FL 33063**

Mailing Address
**4036 COCOPLUM CIRCLE
COCONUT CREEK FL 33063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1035935**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK-HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTON, VALERIE
4036 COCOPLUM CIRCLE
COCONUT CREEK FL 33063**

Name

n/a

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

n/a

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☐ Delete
NAME **BARTON, VALERIE**
STREET ADDRESS **4036 COCOPLUM CIRCLE**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **-VICE PRESIDENT /** ☒ Change ☐ Addition
NAME **director**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **LOPEZ, MARCO A**
STREET ADDRESS **4036 COCOPLUM CIRCLE**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

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

TITLE **TD** ☐ Delete
NAME **CATINELLA, JINEANE**
STREET ADDRESS **4036 COCOPLUM CIRCLE**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STEVE POFF** ☐ Delete
NAME **Director / Secretary**
STREET ADDRESS **702 South Harmony Rd.**
CITY-ST-ZIP **NEWARK, DE 19713**

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

TITLE **Jake Testerman** ☐ Delete
NAME **Director / Treasurer**
STREET ADDRESS **109 Broadmoor Lane**
CITY-ST-ZIP **Willow Street, PA 17584**

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

TITLE **Jeffrey Forman** ☐ Delete
NAME **President / Director**
STREET ADDRESS **118 Gap View Blvd.**
CITY-ST-ZIP **Harpers Ferry, WV 25425**

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Valerie Barton*

01-17-03 954-882-8772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)