

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001551

1. Entity Name

Authentic Credentialism, Inc.

APPROVED
AND
FILED

01 APR -4 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3657 NW 40 Pl. 3657 NW 40 Pl.
Gainesville, FL Gainesville, FL
32605 32605

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

Spiegel + Utrera, P.A.
343 Almerie Ave.
Coral Gables, FL 33134

4. EIN Number 59-3584130 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE PRIMACK Robert Delete
NAME PRIMACK Robert
STREET ADDRESS 3657 NW 40 Pl.
CITY-ST-ZIP Gainesville, FL 32605

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRIMACK Mary A Delete
NAME PRIMACK Mary A
STREET ADDRESS 3657 NW 40 Pl.
CITY-ST-ZIP Gainesville, FL 32605

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

6/28/99 01006 019 \$280.00

TITLE PRIMACK Robert Delete
NAME PRIMACK Robert
STREET ADDRESS 3657 NW 40 Pl.
CITY-ST-ZIP Gainesville, FL 32605

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

TITLE PRIMACK Glenn Delete
NAME PRIMACK Glenn
STREET ADDRESS 3657 NW 40 Pl.
CITY-ST-ZIP Gainesville, FL 32605

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

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

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

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

TITLE Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
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 prosecute 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 line empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01 351-373-4484

Date

Daytime Phone #

CR2E037 (11/00)