

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

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90065 003 ****61.25

DOCUMENT # N02000003544

1. Entity Name
THE CREDIT CARE CENTER, INC.



Principal Place of Business
5901 CANTON STREET SOUTH
ST. PETERSBURG FL 33712

Mailing Address
POB 11254
ST. PETERSBURG FL 33733

2. Principal Place of Business
6100 1/2 12TH AVES
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
GULFPORT, FL
Zip
33707
Country
US

City & State
Zip
Country

4. FEI Number
04-3660306

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

WILLIAMS, CONNOUGHT M
5901 CANTON STREET SOUTH
ST. PETERSBURG FL 33712

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

SIGNATURE *Connaught M. Williams*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-29-03
DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing ☐ **\$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 **P** ☐ Delete
NAME **WILSON, LAVERNE D**
STREET ADDRESS **5901 CANTON STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

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

TITLE **V** ☐ Delete
NAME **WILLIAMS, CONNOUGHT M**
STREET ADDRESS **5901 CANTON STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Connaught M. Williams* **8/29/03** **727-643-5324**

CR2E037 (4/03)