

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90006 020 ****61.25

DOCUMENT # N44587

1. Entity Name

NORTH AMERICAN CONSUMER CREDIT SERVICE CORPORATI

Principal Place of Business

**1761 WEST HILLSBORO BLVD. #402
 DEERFIELD BCH. FL 33442**

Mailing Address

**1761 WEST HILLSBORO BLVD. #402
 DEERFIELD BCH. FL 33442**

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

65-0275992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NIX, GEORGE REID
 1761 WEST HILLSBORO BLVD. #402
 DEERFIELD FL 33442**

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
 After September 12, 2001, min. will be \$236.25**

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 **D** ☐ Delete
 NAME **NIX, GEORGE R.**
 STREET ADDRESS **1761 W. HILLSBORO BLVD**
 CITY-ST-ZIP **DEERFIELD FL**

TITLE **D** ☐ Delete
 NAME **EHRlich, ANITA**
 STREET ADDRESS **6879 TIBURON CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ Delete
 NAME **NIX, MELBA**
 STREET ADDRESS **1761 W. HILLSBORO BLVD**
 CITY-ST-ZIP **DEERFIELD FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **44 YACHT CLUB RD #104**
 CITY-ST-ZIP **N P BCH FL 33408**

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **CRAIG WINGRAID**
 CITY-ST-ZIP **21074 BLACKMAPLE LANE**
BOCA RATON FL 33428

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

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:

SIGNATURE *George Reid*

79-01 954 570 7001

CR2E037 (5/01)