FILED

April 20, 2001 (407) 648-0044

2001 UNIFORM BUSINESS REPORT (UBR)

orporation or the receiver or trustee ed, or on an attachment with an add

SIGNATURE

May 17, 2001 8:00 am Secretary of State **DOCUMENT # N48974** 1. Entity Name 05-17-2001 90398 010 ****61.25 CONSUMER CREDITWORKS, INC. Principal Place of Business Mailing Address 766691 1999 W COLONIAL DR 1999 W COLONIAL DR ORLANDO FL 32804 ORLANDO FL 32804 US U\$ 2. Principal Place of Business 3. Mailing Address 1512 W. COLONIAL DRIVE 1512 W. COLONIAL DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE C C City & State City & State 4. FEI Number Applied For 59-3128557 ORLANDO, FLORIDA 32804 Not Applicable ORLANDO, FLORIDA 32804 Country \$8.75 Additional 5. Certificate of Status Desired 32804 USA Fee Required 32804 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **BOLLERS, TREVOR J** 104 W YORK COURT LONGWOOD FL 32779 Zip Code 8. The above named entity submits this state its registered office or registered agent, or both, in the state of Florida. SIGNATURE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE NAME BOLLERS, TREVOR J. STREET ADDRESS STREET ADDRESS 104 W YORK CT CITY-ST-ZIP CITY-ST-ZIP <u>Longwood Fl</u> ☐ Delete ☐ Change TITLE NAME NAME BOLLERS, ANTHONY G STREET ADDRESS STREET ADDRESS 7511 YELLOW BONNET PLACE CITY-ST-ZIP CITY-ST-7IP COLUMBIA MD ☐ Change ☐ Addition TITLE ☐ Delete TITLE DIRECTOR NAME ACUFF. DELIA NAME ACUFF, DELIA STREET ADDRESS STREET ADDRESS 322 HOPE ROAD 908 HOPE ROAD CITY-ST-ZIP CITY-ST-ZIP GREENVILLE, TN 37745 GREENVILLE TN TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby cominy that the information supplied with this filling indicated on this report or supplemental report is true and or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if