

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48974

1. Entity Name

CONSUMER CREDITWORKS, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91691 035 ****61.25

Principal Place of Business

1512 W. COLONIAL DRIVE
C
ORLANDO FL 32804
US

Mailing Address

1512 W. COLONIAL DRIVE
C
ORLANDO FL 32804
US

2. Principal Place of Business

1512 W. COLONIAL DRIVE

Suite, Apt. #, etc.

C

City & State

ORLANDO, FLORIDA 32804

Zip
32804

Country
USA

3. Mailing Address

1512 W. COLONIAL DRIVE,

Suite, Apt. #, etc.

C

City & State

ORLANDO, FLORIDA 32804

Zip
32804

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3128557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLLERS, TREVOR J
104 W YORK COURT
LONGWOOD FL 32779

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 Trevor J. Bollers, President

5-6-02

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 ☐ Delete
NAME D BOLLERS, TREVOR J.
STREET ADDRESS 104 W YORK CT
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete
NAME D BOLLERS, ANTHONY G
STREET ADDRESS 7511 YELLOW BONNET PLACE
CITY-ST-ZIP COLUMBIA MD

TITLE ☐ Delete
NAME D ACUFF, DELIA
STREET ADDRESS 322 HOPE ROAD
CITY-ST-ZIP GREENEVILLE TN 37745

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 6, 2002 (407)648-0044

Date

Daytime Phone #

CR2E037 (9/01)