

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003269

1. Entity Name

ANNEX CREDIT MANAGEMENT INCORPORATED

Principal Place of Business

7226 W COLONIAL DR UNIT 255  
ORLANDO FL 32818

Mailing Address

7226 W COLONIAL DR UNIT 255  
ORLANDO FL 32818-6743

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

59-3575223

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, JAMES

7404 WOODHILL PARK DR #1317  
ORLANDO FL 32818

Name

LAWRENCE, JAMES

Street Address (P.O. Box Number is Not Acceptable)

200 N. HASTINGS ST.

City

Orlando

FL

Zip Code

32835

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

4/22/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME LAWRENCE, JAMES  
STREET ADDRESS 7404 WOODHILL PK #1317  
CITY-ST-ZIP ORLANDO FL 32817

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

TITLE D ☒ Delete  
NAME TROY, TERRENCE  
STREET ADDRESS 2401 SWEET OAK ST  
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Change ☐ Addition  
NAME SECRETARY OF CONSUMER  
STREET ADDRESS YVETTE BENNETT  
CITY-ST-ZIP 3285 FOXCREST RD. # E112  
MIAMI, FL 33025

TITLE D ☐ Delete  
NAME DAVIS, MARCIA  
STREET ADDRESS 14321 GOLDENVIEW  
CITY-ST-ZIP GRAND ISLAND FL 34761

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

TITLE D ☐ Delete  
NAME HANNA, BERTRAM  
STREET ADDRESS 2424 NW 95 ST  
CITY-ST-ZIP MIAMI FL 33147

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

TITLE D ☐ Delete  
NAME PATTERSON, ETHEN  
STREET ADDRESS 833 E CUTIS STREET  
CITY-ST-ZIP LINDEN NJ 07036

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

(407) 445-

Daytime Phone #

CR2E037 (9/99)