2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000018064

Entity Name: ADVANCED CREDIT SERVICES, INC.

May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 646 SE 31 TE OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** P O BOX 831553 OCALA, FL 34483 FEI Number: 59-3712328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, STEPHEN M 646 SE 31ST TE OCALA, FL 34471 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WILLIAMS, ALISSA D WILLIAMS, STEPHEN D Name: Name: 646 SE 31 TE 646 SE 31 TE Address: Address:

City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34471

Title: VΡ Title: () Change () Addition () Delete

Name: WILLIAMS, STEPHEN M Name: 646 SE 31 TE Address: Address: OCALA, FL 34471 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: STEPHEN WILLIAMS 05/01/2002