

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90099 017 ***150.00

DOCUMENT # P00000028923

1. Entity Name
XTRA CREDIT CORP.

Principal Place of Business
~~11590 SEMINOLE BLVD. #A-13~~
~~LARGO FL 33778~~

Mailing Address
~~11590 SEMINOLE BLVD. #A-13~~
~~LARGO FL 33778~~

2. Principal Place of Business
10707 66th St. N.
 Suite, Apt. #, etc.
Suite H

3. Mailing Address
10707 66th St. N.
 Suite, Apt. #, etc.
Suite H

City & State
Pinellas Park
 Zip
33782

City & State
Pinellas Park FL 33782
 Zip
33782

4. FEI Number
59-3637320

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOLDSETH, JAMES R
~~11590 SEMINOLE BLVD. #A-13~~
~~LARGO FL 33778~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
10707 66th St. N.
Suite H
 City **Pinellas Park** **FL** Zip Code **33782**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WOLDSETH, JAMES R	
STREET ADDRESS	7767 ULMERTON ROAD #112	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	DUNNE, STEVEN	
STREET ADDRESS	11783 7TH LANE N. #7	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLDSETH, JAMES	
STREET ADDRESS	10707 66th St. N. #8	
CITY-ST-ZIP	Pinellas Park FL 33782	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James R. Woldseth

JAMES R. WOLDSETH

5-1-01

(727) 548-5793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)