

2001 UNIFORM BUSINESS REPORT (UBR)

5/1:

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-12-2001 90006 037 ***150.00

DOCUMENT # **P00000034718**

1. Entity Name

FIRST AMERICAN CREDIT CORP.

Principal Place of Business

Mailing Address

11266 W. Hillsborough Ave.
Suite 174
TAMPA FL 33635

2. Principal Place of Business

3. Mailing Address

11266 W. Hillsborough Ave.
Suite, Apt. #, etc. 174
TAMPA FL 33635

City & State

City & State

4. FEI Number

Applied For

Not Applicable

City & State

City & State

4. FEI Number

Applied For

Not Applicable

City & State

City & State

4. FEI Number

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Frank V. Mollo
11613 BRANCH MORRIS DR.
TAMPA FL 33635

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

Frank V. Mollo

Frank V. Mollo President 02-28-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Frank V. Mollo	
STREET ADDRESS	11613 Branch Morning Dr.	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	FRANK V. MOLLO	
STREET ADDRESS	11613 Branch Morning Dr.	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Frank V. Mollo	
STREET ADDRESS	11613 BRANCH MORNING DR.	
CITY-ST-ZIP	TAMPA FL 33635	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Frank V. Mollo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-01 8138188642

Date

Daytime Phone #

CR2E034 (11/00)