

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000060731

1. Entity Name
MITIGATION CREDIT SALES, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90141 049 ***150.00

Principal Place of Business
3215 NORTHWEST 10TH TERRACE
SUITE 209
FORT LAUDERDALE FL 33309

Mailing Address
3215 NORTHWEST 10TH TERRACE
SUITE 209
FORT LAUDERDALE FL 33309



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-1024246 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PLATT, GEORGE I
% SHUTTS & BOWEN, LLP
200 EAST BROWARD BLVD., SUITE 2000
FORT LAUDERDALE FL 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUTIN, LEWIS J		NAME		
STREET ADDRESS	3215 NORTHWEST 10TH TERRACE, SUITE 209		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, DAVID L		NAME	John, David L.	
STREET ADDRESS	3215 NORTHWEST 10TH TERRACE		STREET ADDRESS	3215 NW 10th Terrace, Suite 209	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, GEORGE I		NAME		
STREET ADDRESS	3215 NW 10TH TERR STE 209		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUTIN, AMY W		NAME		
STREET ADDRESS	3215 NW 10TH TERR STE 209		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Miller, Robert H.	
STREET ADDRESS			STREET ADDRESS	3215 NW 10th Terrace, Suite 209	
CITY-ST-ZIP			CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: David L. John 04/21/03 954-462-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)