

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088929

1. Entity Name

4CREDITCARDSOLUTIONS.COM, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90004 041 ***558.75

Principal Place of Business

1128 ROYAL PALM BEACH BOULEVARD
 SUITE 475
 ROYAL PALM BEACH FL 33411

Mailing Address

1128 ROYAL PALM BEACH BOULEVARD
 SUITE 475
 ROYAL PALM BEACH FL 33411

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5030 CHAMPION BLVD.

G-6, #284

BOCA RATON, FL

33496

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name ANTHONY MITCHELL

Street Address (P.O. Box Number is Not Acceptable) 5030 CHAMPION BLVD.,

G-6, #284

City BOCA RATON, FL

Zip Code 33496-2496

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]

8/27/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
MITCHELL, ANTHONY
1128 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/01

Date

Daytime Phone #

0073663 AV

CR2E034 (5/01)