

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 005 ***150.00

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DOCUMENT # P00000113627

1. Entity Name
FNA CREDIT BUREAU, INC.



Principal Place of Business
262 WILSHIRE BLVD
CASSELBERRY FL 32707

Mailing Address
262 WILSHIRE BLVD
CASSELBERRY FL 32707



2. Principal Place of Business
266 Wilshire Blvd

3. Mailing Address
266 Wilshire Blvd

Suite, Apt. #, etc.
123

Suite, Apt. #, etc.
123

City & State
Casselberry FL

City & State
Casselberry FL

Zip
32707

Country

Zip
32707

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3684201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, FREDERICK A

~~1015 E SEMORAN BLVD #1112~~

~~CASSELBERRY FL 32707~~

7. Name and Address of New Registered Agent

Name Hill Frederick A

Street Address (P.O. Box Number is Not Acceptable)

266 Wilshire Blvd #123

City Casselberry

FL

Zip Code 32707

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Pres

04/29/03

DATE

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
NAME P
STREET ADDRESS HILL, FREDERICK A
CITY-ST-ZIP 5419 DECATUR STREET
ORLANDO FL 32807

TITLE
NAME Hill, Frederick A
STREET ADDRESS 871 Cape Mary Ct
CITY-ST-ZIP Winter Park FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04/29/03

407-834-4445

Date

Daytime Phone #

CR2E034 (10/02)