

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90044 014 ***150.00

DOCUMENT # P01000038410

1. Entity Name
J K CREDIT CONSULTING INC.

Principal Place of Business
**605 W BLOOMINDALE AVE. SUITE A
 BRANDON FL 33511**

Mailing Address
**605 W BLOOMINDALE AVE. SUITE A
 BRANDON FL 33511**

2. Principal Place of Business
1433 OAKFIELD DRIVE

3. Mailing Address
1433 OAKFIELD DRIVE

Suite, Apt. #, etc.

City & State
BRANDON, FL

City & State
BRANDON, FL

Zip
33511

Country
USA

4. FE Number
32-2321453

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSEN, JEFFREY
605 W BLOOMINDALE AVE, SUITE A
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2410 NEEDHAM LANE

City
VALRICO, FL

Zip Code
33594

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 *Jeff Rosen* **JEFFREY ROSEN, PRES** **4/27/02**
Signature of Registered Agent or Director (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, 2002 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 PD	NAME ROSEN, JEFFREY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 605 W BLOOMINDALE AVE, SUITE A		
CITY-ST-ZIP BRANDON FL 33511		
TITLE D	NAME DEBOLD, KIRK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 605 W BLOOMINDALE AVE, SUITE A		
CITY-ST-ZIP BRANDON FL 33511		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEFFREY ROSEN	
STREET ADDRESS 2410 NEEDHAM LANE	
CITY-ST-ZIP VALRICO, FL 33594	
TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRK DEBOLD	
STREET ADDRESS 4018 WINDLE PLACE	
CITY-ST-ZIP VALRICO, FL 33594	
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: *Jeff Rosen* **JEFFREY ROSEN, PRES** **4/27/02** **(813)654-2976**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)