## 2003 FOR PROFIT CORPORATION

## FILED Jan 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000038410 DOCUMENT # 1. Entity Name 01-27-2003 90532 037 \*\*\*150.00 J K CREDIT CONSULTING INC. Principal Place of Business Mailing Address 1433 OAKFIELD DR. 1433 OAKFIELD DR. BRANDON FL 33511 **BRANDON FL 33511** 2. Principal Place of Business 3. Mailing Address 4018 WINDELL PLACE 4018 WINDEL PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 52-2321453 VALUCO VALRICO Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRK DIEBOLD ROSEN, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 2410 NEEDHAM LANE VALRICO FL 33594 4018 WINDELL PLACE VAIRICO 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 agen DIEBOLD - PRESIDENT SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition ROSEN, JEFFREY NAME NAME STREET ADDRESS 2410 NEEDHAM LANE STREET ADDRESS CITY-ST-7IP VALRICO FL 33594 CITY-ST-ZIP TITLE ☐ Delete TITLE PILESIDENT X Change ☐ Addition DEBOLD, KIRK NAME NAME KIRIC DIEBOLD STREET ADDRESS 4018 WINDELL PL. STREET ADDRESS 4018 WIMDOL PL CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP VALUCO, FL 33594 TITLE Delete TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE

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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

☐ Delete

Change

Addition