

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000040656

FILED
Apr 10, 2002 8:00 AM
Secretary of State

Entity Name: CREDIT REPAIR CENTER USA, INC.

Current Principal Place of Business:

4700 ALHAMBRA AVE
SEBRING, FL 33870

New Principal Place of Business:

906 SE LAKEVIEW DR
SUITE #4
SEBRING, FL 33870

Current Mailing Address:

2740 US 27 N STE 104
SEBRING, FL 33870

New Mailing Address:

906 SE LAKEVIEW DR
SUITE #4
SEBRING, FL 33870

FEI Number: 59-3720140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, MICHAEL A SR
4700 ALHAMBRA AVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOWLER, MICHAEL A SR
Address: 4700 ALHAMBRA AVE
City-St-Zip: SEBRING, FL 33870

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: FOWLER, MICHAEL A SR
Address: 4700 ALHAMBRA AVE
City-St-Zip: SEBRING, FL 33870

Title: V/S () Change (X) Addition
Name: FOWLER, STEPHANIE A
Address: 4700 ALHAMBRA AVE
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FOWLER

P

04/10/2002

Electronic Signature of Signing Officer or Director

Date