2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003
Secretary of State

DOCUMENT# P01000040656

Entity Name: FOWLER AND FOWLER CREDIT AND DEBT SOLUTIONS, INC.

Current Principal Place of Business:

906 SE LAKEVIEW DR
SUITE #4
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

906 SE LAKEVIEW DR
SUITE #4
SEBRING, FL 33870

New Mailing Address:

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:

FOWLER, MICHAEL A SR
1212 LAKE CLAY DR
LAKE PLACID, FL 33852 US

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: MICHAEL A. FOWLER SR 01/10/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition
Name: FOWLER, MICHAEL A SR
Address: 1212 LAKE CLAY DR
City-St-Zip: LAKE PLACID, FL 33852

Title: V/S (X) Change ( ) Addition
Name: FOWLER, STEPHANIE A
Address: 1212 LAKE CLAY DR
City-St-Zip: LAKE PLACID, FL 33852

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 A FOWLER PRES 01/10/2003
Electronic Signature of Signing Officer or Director Date