

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90167 013 \*\*\*150.00

DOCUMENT # P01000051807  
1. Entity Name  
**CREDIT MANAGEMENT SYSTEMS, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **5310 NW 33rd Ave**  
**Fort Lauderdale**  
Suite, Apt. #, etc.  
**101**  
City & State  
**Fort Lauderdale**  
Zip  
**33309** Country  
**Broward**

3. Mailing Address  
**5310 NW 33rd Ave**  
Suite, Apt. #, etc.  
**101**  
City & State  
**Fort Lauderdale**  
Zip  
**33309** Country  
**Broward**

10001330

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4. FEI Number  
**65-1107587**

Applied For  
Not Applicable

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Jeffrey J. Needle, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**5310 NW 33rd Ave, Ste 101**

City  
**Fort Lauderdale** FL Zip Code  
**33309**

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)

**4/1/03**  
DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President**  
**Albert Bartley, Jr.**  
**5310 NW 33rd Ave, Ste 101**  
**Fort Lauderdale, FL 33309**

TITLE  
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Albert Bartley Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/03**  
Date

**954-485-4000 x124**  
Daytime Phone #

CR2E034B (12/02)