

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90218 039 ***150.00

DOCUMENT # P02000043350

1. Entity Name
CONSUMER CREDIT SOLUTIONS OF SOUTHWEST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

24069612

2. Principal Place of Business
6258 PRESIDENTIAL COURT

3. Mailing Address
6258 PRESIDENTIAL COURT

Suite, Apt. #, etc.
SUITE 106

Suite, Apt. #, etc.
SUITE 106

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
02-0585825

Applied For
Not Applicable

Zip Country
33919 USA

Zip Country
33919 USA

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 TED M ZABOROWSKI
Street Address (P.O. Box Number is Not Acceptable)
1019 SE 15TH STREET
City CAPE CORAL FL Zip Code 33990

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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME TED M ZABOROWSKI
STREET ADDRESS 6258 PRESIDENTIAL COURT #106
CITY - ST - ZIP FORT MYERS, FL 33919

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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #