

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90138 027 \*\*\*158.75

**DOCUMENT # P02000048218**



1. Entity Name  
**USA CREDIT SERVICES, INC.**

Principal Place of Business  
**5400 S UNIVERSITY DRIVE STE 604  
DAVIE FL 33328**

Mailing Address  
**5400 S UNIVERSITY DRIVE STE 604  
DAVIE FL 33328**



2. Principal Place of Business

**2000 Banks Road**

3. Mailing Address

**2000 Banks Road**

Suite, Apt. #, etc.

**214B**

Suite, Apt. #, etc.

**214B**

City & State

**Margate, Florida**

City & State

**Margate, Florida**

Zip

**33063**

Country

**Broward**

Zip

**33063**

Country

**Broward**

4. FEI Number

**74-3043662**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACCHIONE, JEFFREY JR  
9953 NW 1ST COURT  
CORAL SPRINGS FL 33071**

Name

**Macchione, Frank Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**9953 NW 1st. Court**

City

**Coral Springs,**

**FL**

Zip Code

**33071**

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)

DATE

**4/15/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **MACCHIONE, FRANK JR**  
CITY-ST-ZIP **9953 NW 1ST COURT  
CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/03**

**854-917-2600**

CR2E034 (10/02)