

P020000080729
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300006059463--4
-06/27/02--01024--008
*****78.75 *****78.75

SUBJECT: UTILITY CREDIT BUREAU SERVICES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: MAURICE STEWART
Name (Printed or typed)

3689 HUDSON LANE
Address

BOYNTON BEACH FL. 334
City, State & Zip

(954) 649-3097
Daytime Telephone number

FILED
02 JUL 25 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

W02-18829
gr 6/27

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

UTILITY CREDIT BUREAU SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3317 NW 10 TERR #409
FL DANDERDALE FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE CREDIT Reports on Consumers with respect to
utility payments and RENT HISTORY

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Maurice STEWART
3689 HUDSON Lane
Boynton Beach, FL 33436

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Maurice STEWART
3689 HUDSON Lane
Boynton Beach, FL 33436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAURICE STEWART
3689 HUDSON Lane
Boynton Beach FL 33436

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA