

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90073 027 \*\*\*150.00

**DOCUMENT # P02000082006**

**1. Entity Name**  
**FIRST NATIONAL CREDIT SOLUTIONS INC.**



**Principal Place of Business**  
**3535 MCCOY ROAD**  
**ORLANDO FL 32812**  
**US**

**Mailing Address**  
**3535 MCCOY ROAD**  
**ORLANDO FL 32812**  
**US**

**2. Principal Place of Business**

**3535 McCoy Rd**

**3. Mailing Address**

**3535 McCoy Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando, FL**

**4. FEI Number**

**03-0475559**

Applied For

Not Applicable

Zip

Country

**32812 USA**

Zip

Country

**32812 USA**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**CRISMON, FRANKLIN B SR.**  
**199 SOUTH MONTEREY ISLE**  
**LONGWOOD FL 32779**

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

Name

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

City

**FL**

Zip Code

**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

**01/14/03**

**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**

**TITLE** **P** ☐ Delete  
**NAME** **CRISMON, FRANKLIN B SR.**  
**STREET ADDRESS** **199 SOUTH MONTEREY ISLE**  
**CITY-ST-ZIP** **LONGWOOD FL 32779**

**TITLE** **VP** ☒ Delete  
**NAME** **TREADWELL, BRANDON D SR.**  
**STREET ADDRESS** **199 SOUTH MONTEREY ISLE**  
**CITY-ST-ZIP** **LONGWOOD FL 32779**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**01/14/03 407 361 7636**

Date Daytime Phone #

CR2E034 (10/02)