## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000130604

Entity Name: GTS NATIONAL CREDIT SERVICES, INC.

FILED Apr 10, 2003 Secretary of State

US

**Current Principal Place of Business: New Principal Place of Business:** 

711 N PINE ISLAND RD 880 NW 110TH AVE

PLANTATION, FL 33324 406

PLANTATION, FL 33324 US

**New Mailing Address: Current Mailing Address:** 

711 N PINE ISLAND RD P.O. BOX 451592

SUNRISE, FL 33324 US PLANTATION, FL 33324 US

FEI Number: 32-0046635 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAINTSURIN, GETHO DR MIKE, FENE 2331 N STATE RD 7 711 N PINE IŚLAND RD US

LAUDERHILL, FL 33313 406 PLANTATION, FL 33324 US

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.

SIGNATURE: MIKE FENE 04/10/2003

> Date Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

SAINTSURIN, GETHO DR LOUIS, JOSEPH Name: Name: 711 N PINE ISLAND RD # 406 Address: P.O. BOX 451592 Address: City-St-Zip: PLANTATION, FL 33324 US City-St-Zip: SUNRISE, FL 33345 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: LOUIS JOSEPH 04/10/2003