

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90452 049 ***150.00

069423 AB

DOCUMENT # P31012

1. Entity Name
CREDENTIAL LEASING CORP. OF FLORIDA, INC.



Principal Place of Business
**420 WEST BOYNTON BEACH BLVD
SUITE 203
BOYNTON BEACH FL 33435
US**

Mailing Address
**P.O. BOX 5967
HARRISBURG PA 17110-5967**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1640843**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HIMMELBERGER, KIRK L.
420 WEST BOYNTON BEACH BLVD
SUITE 203
BOYNTON BEACH FL 33435**

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

**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	VD	<input type="checkbox"/> Delete
NAME	SCHWAB, ANDREW E.	
STREET ADDRESS	2525 NORTH 7TH STREET	
CITY-ST-ZIP	HARRISBURG PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	MESSNER, N. ALAN	
STREET ADDRESS	2525 NORTH 7TH STREET	
CITY-ST-ZIP	HARRISBURG PA 17110	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHWAB, MORRIS	
STREET ADDRESS	2525 NORTH 7TH STREET	
CITY-ST-ZIP	HARRISBURG PA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HIMMELBERGER, KIRK L.	
STREET ADDRESS	420 WEST BOYNTON BEACH BLVD, STE 203	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/21/2003 717-255-7873

Date

Daytime Phone #

CR2E034 (10/02)