

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90165 015 ***150.00

DOCUMENT # P93000000168

1. Entity Name
COMMUNITY CREDIT CORPORATION



Principal Place of Business
428 S. CONGRESS AVE.
WEST PALM BEACH FL 33406
US

Mailing Address
260 GREENBRIER DR
PALM SPRINGS FL 33461
US

2. Principal Place of Business

3. Mailing Address

428 SOUTH CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WEST PALM BEACH, FL

Zip

Country

Zip
33406

Country
US

4. FEI Number **65-0377829**

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

MARTIN, ROBERT A
260 GREENBRIER DR
PALM SPRINGS FL 33461

Name
MARTIN, ROBERT A.

Street Address (P.O. Box Number is Not Acceptable)
428 SOUTH CONGRESS AVE.

City
WEST PALM BEACH

FL

Zip Code
33406

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

Robert A. Martin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 14, 2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTDS
MARTIN, ROBERT A ☐ Delete
260 GREENBRIER DR
PALM SPRINGS FL 33461

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MARTIN, RICHARD B ☐ Delete
4395 MALALEUCA TERRACE
WEST PALM BEACH FL 33406-5706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
4395 MELALEUCA TRAIL (CORRECTION)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Robert A. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/3

Date

Daytime Phone #

561-478-4310

CR2E034 (10/02)