

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047713

1. Entity Name

ADVANCED CREDIT CONTROL, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90014 026 ***150.00

Principal Place of Business
400 SOUTH 57TH AVENUE
SUITE 201
LAKE WORTH FL 33463
US

Mailing Address
C/O BLAKESBERG & COMPANY CPAS
951 S W 4TH AVENUE
BOCA RATON FL 33432-5803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 14-1741667

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

PADRON, STEVEN

~~23272 BOCA TRACE DR~~
~~SUITE 102~~
~~BOCA RATON FL 33433~~

Name

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

4000 S. 57th AVE, STE 201

City

LAKE WORTH,

FL

Zip Code

33463

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PDVS
PADRON, STEVEN
~~23272 BOCA TRACE DR~~
~~BOCA RATON FL 33433~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

4000 S 57Th AVE, STE 201
LAKE WORTH, FLORIDA 33463

TITLE
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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN PADRON

Date

Daytime Phone #

CR2E034 (9/99)