2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91412 044 ***150.00

040340 AV

DOCUMENT # P93000047713

1. Entity Name
ADVANCED CREDIT CONTROL, INC.

Principal Place of Business	Mailing Address
400 SOUTH 57TH AVENUE	C/O BLAKESBERG & COMPANY CPAS
SUITE 201	951 S W 4TH AVENUE
LAKE WORTH FL 33463	BOCA RATON FL 33432-5803
US	US

2. Principal Place of Business	3. Mailing Address
3918 VIA POINCIANA	3918 VIA POINCIANA
Suite, Apt. #, etc. STE 7	Suite, Apt. #, etc. STE 7
City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip 33467 Country PALM BEACH	Zip 33467 Country PALM BEACH

☑ CHECK HERE IF MAKING CHANGES

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	Name STEVEN PADRON
4000 S 57TH AVE, STE 201	Street Address (P.O. Box Number is Not Acceptable) 3918 VIA POINCIANA STE 7
LAKE WORTH FL 33463	City LAKE WORTH FL Zip Code 33467

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] STEVEN PADRON 4/30/03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS PADRON, STEVEN 400 S 57 AVE STE 201 LAKE WORTH FL 33463 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS PADRON, STEVEN 3918 VIA POINCIANA STE 7 LAKE WORTH FL 33467 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME 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: SIGNATURE REQUIRED [signature] 4/30/03 561 965 0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEVEN PADRON PRESIDENT Date Daytime Phone #

CR2E034 (10/02)