

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

0403440 AV

DOCUMENT # P93000047713

1. Entity Name
ADVANCED CREDIT CONTROL, INC.



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
**3918 VIA POINCIANA
Suite, Apt. #, etc.
STE 7**

3. Mailing Address
**3918 VIA POINCIANA
Suite, Apt. #, etc.
STE 7**

☒ CHECK HERE IF MAKING CHANGES

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

Zip
33467

Country
PALM BEACH

Zip
33467

Country
PALM BEACH

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

**PADRON, STEVEN
4000 S 57TH AVE, STE 201
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

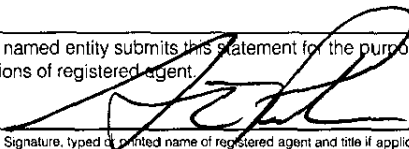
Name
STEVEN PADRON

Street Address (P.O. Box Number is Not Acceptable)
3918 VIA POINCIANA STE 7

City
LAKE WORTH

FL
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  **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**

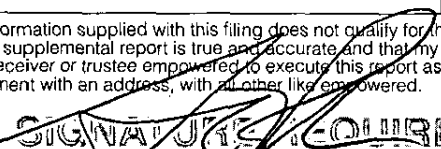
10. OFFICERS AND DIRECTORS

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		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR **STEVEN PADRON PRESIDENT**

4/30/03 561 965 0600

Date Daytime Phone #

CR2E034 (10/02)