

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90207 044 ***150.00

DOCUMENT # P93000086903

1. Entity Name

CREDITRADE SOLUTIONS, INC.

Principal Place of Business

6542 HYPOLUXO RD.
 BOX 284
 HYPOLUXO FL 33467

Mailing Address

6542 HYPOLUXO RD.
 BOX 284
 HYPOLUXO FL 33467

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 **58-2091210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MACHIELA, STEVEN H CPA
6801 LAKE WORTH RD. STE. #124
LAKE WORTH FL 33467

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.

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, 2001 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

TITLE **PTC**
 NAME **WILKINS, CHRISTOPHER R**
 STREET ADDRESS **6542 HYPOLUXO RD. BOX 284**
 CITY-ST-ZIP **HYPOLUXO FL 33467**
☐ Delete

TITLE **S**
 NAME **WHITCOMB, KARLA K**
 STREET ADDRESS **6542 HYPOLUXO RD.**
 CITY-ST-ZIP **HYPOLUXO FL 33467**
☒ Delete

TITLE
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
VP, T, C, S

TITLE **PTCVPS**
 NAME **Wilkins, Christopher R.**
 STREET ADDRESS **6898 Finamore Circle**
 CITY-ST-ZIP **Lake Worth, FL 33467**
☒ Change ☐ Addition

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

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 CITY-ST-ZIP
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)