

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91726 039 ***150.00

DOCUMENT # P94000046072

1. Entity Name

ADVANCED CREDIT MANAGEMENT, INC.

Principal Place of Business

**400 S 57TH AVENUE
 SUITE 201
 LAKE WORTH FL 33463
 US**

Mailing Address

**C/O BLAKESBERG & COMPANY CPAS
 951 SW 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

DO NOT WRITE IN THIS SPACE

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

4000 S 57TH AVE

SUITE 201

LAKE WORTH FL 33463

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, 2002 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

**400 S 57TH AVE, STE 201
 LAKE WORTH, FL 33463**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

CR2E034 (9/01)

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED
STEVEN PADRON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/29/02

561965-0600

Date

Daytime Phone #