

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90131 025 \*\*\*150.00

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**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  
**3918 VIA POINCIANA**

3. Mailing Address  
**3918 VIA POINCIANA**

Suite, Apt. #, etc.  
**STE 7**

Suite, Apt. #, etc.  
**STE 7**

City & State  
**LAKE WORTH FL**

City & State  
**LAKE WORTH FL**

4. FEI Number  
**14-1741667**

Applied For  
Not Applicable

Zip  
**33467**

Country  
**PALM BEACH**

Zip  
**33467**

Country  
**PALM BEACH**

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  
**PADRON, STEVEN**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**STEVEN PADRON**

**4/30/03**

**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 **PDVS** ☐ Delete  
NAME **PADRON, STEVEN**  
STREET ADDRESS **400 SOUTH 57TH AVE., STE 201**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **PDVS** ☒ Change ☐ Addition  
NAME **PADRON, STEVEN**  
STREET ADDRESS **3918 VIA POINCIANA STE. 7**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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**

**STEVEN PADRON** **PRESIDENT**

**4/30/03**

Date

**561 965 0600**

Daytime Phone #

CR2E034 (10/02)