DOCUMENT # P95000035140         04-19-2004 90318 049 ***150.00           EXEV CREDIT, INC.         Image: Comparison of the c		2004 FOR PROFI	FILED Apr 19, 2004 8:00 am Secretary of State						
	Entity Nam	REDIT, INC.	5140			1 - -			
Principal Place of Business Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. D1202004 ChgP CR2E034 (10/03) Cdy & State Chy & Sta	rincipal Place	e of Business LSBOROUGH AVE	. ,7440 E- HILLSBOROUG	GH AVE.			94	126014	
Sule. Apl. 4, etc.         Sule. Apl. 4, etc.         District and an analysis and applied for the Applied for Sule. Apl. 4, etc.           City & State         City & State         City & State         Applied for Sule. Apl. 4, etc.         Applied for Sule. Apl. 4, etc.           City & State         City & State         Country         E. Carificate of State Date:         \$27, 57, Additional For Applied for Not Applicable           ZP         Country         E. Carificate of State Oate:         \$27, 57, Additional For Applied for Not Applied for Not Applied for Not Applied for Subscription         Name           EFERSHEY, UOHN         Name         Name         Name         Name           City         FL         Zp Code         Name         Name         Name           Not Applied for The ablore of print Applied fo	Ampa, FL 3	33610 • • • •	TAMPA, FL_33610	a -				en e	Rilan ( e )dal
City & State       City & State       A FEE NUMBER       Applied For         City & State       Country       Zip       Country       State       Photophysicate         Zip       Country       Zip       Country       State       Photophysicate       Photophysicate         2ip       Country       Zip       Country       State       Photophysicate       Photophysicate       Photophysicate         3: A factor and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         HERSHEY, JOHN       Add File State Country       Name       Steroin Address of PLO Box Number Is Not Acceptable)         City       FL       Zip Code       City       FL       Zip Code         City       FL       Zip Code       City       FL       Zip Code         City       FL       State of registered agent.       Total fund Controlution.       City       FL       Zip Code         Name and Address of College Agent agent address of	. Principal P	lace of Business	3. Mailing Address						
Zip     Country     Zip     Country     S. Certificate of Status Desired	Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.				01202004	Chg-P	CR2E034 (10/03)	
Zip       Country       Zip       Country       s. Certification of Status. Desired       Stat.75 Additional Fearpuinted         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         HERSHEY, JOHN VA40 E HILLSBOROUGH AVE TAMPA, FL 33610       Name       Street Address (P.O. Box Number is Not Acceptable)         Site address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Site address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Site address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Site address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Site address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Site address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Site address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Site address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Site address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Site address (P.O. Box Number is Not Acceptable)       City       Site address (P.O. Box Number is Not Acceptable) <td>City &amp; Stat</td> <td colspan="3">Dity &amp; State City &amp; State</td> <td colspan="3">4. FEI Number Applied For</td> <td>Applied For</td>	City & Stat	Dity & State City & State			4. FEI Number Applied For			Applied For	
	Zip	Country	Zip	Country	/			¢9.75 .	······
HERSHEY, JOHN       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City Street Address (P.O. Box Number is Not Acceptable)       City Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       City Street Add		6. Name and Address of Curren	It Registered Agent					Fee Hequire	ed
7440 E HILLSBOROUGH AVE       Street Address (P. 0. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         8. The above named onlity submits this sublement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.       Date         SIGNATURE       Image: State address (P. 0. Box Number is Not Acceptable)       Date         Signation system of presentered agent.       Image: State address (P. 0. Box Number is Not Acceptable)       Date         SIGNATURE       Signation system of presentered agent.       Date       Date         SIGNATURE       Signation system of presentered agent.       Date       Date         After Mary 1, 2004 Fee will be \$550.00       11.       Added to Fees       Added to Fees         100.       OFFICERS AND DIRECTORS       11.       Added to Fees       Added to Fees         101.       OFFICERS AND DIRECTORS       11.       Added to Fees       Added to Fees         101.       Date       TITLE       Date       Date       Date         101.       Date       TITL       Added to Fees       Image: Added to Fees       Added to Fees         101.       Date       TITLE       NAME       Date       Date       Im	HERSHEV				Name	•·····••••	سە. خىشى ك		
City         FL         Zip Code           8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.         DATE           SIGNATURE         Spinton, bod or price name and gotted agent and the registered agent (PCIE: Registered Agent agents result when metaling)         DATE           FILE NOWLI PEE IS \$150.00         Image: Begistered Agent agents result when metaling)         DATE           After May 1, 2004 Fee will be \$550.00         Image: Begistered Agent agents result when metaling)         DATE           Image: PD         OFFICERS AND DIFECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11           Image: PD         OFFICERS AND DIFECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11           Image: PD         OHarge         Addition         Date         Date           Image: PD         HERSHEY, JOHN         Detet         Image: Addition         Date           Image: REL ADDRSS         Image: Addition         Date         Date         Date           Image: REL ADDRSS         Image: Addition         Image: Addition         Image: Addition           Image: REL ADDRSS         Image: REL ADDRSS         Image: REL ADDRSS         Image: REL ADDRSS           Image: REL ADDRSS <td colspan="4">7440 E HILLSBOROUGH AVE</td> <td colspan="5">Street Address (P.O. Box Number is Not Acceptable)</td>	7440 E HILLSBOROUGH AVE				Street Address (P.O. Box Number is Not Acceptable)				
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.     SignAnt-Net		• • • •			<u></u>				
the obligations of registered agent.  SIGNATURE  Signature, bost or primet name direptifies agent and the it applicable  NUTE Registered Agent agentation date in applicable  SS 200 May Be Added to Fees  Added to Fees  SS 200 May Be Added to Fees  Added to Fees  SS 200 May Be Added to Fees  Added to Fees									
HERSHEY, JOHN     NAME       STREET ADDRESS     7440 E. HILLSBOROUGHT AVE.       ITLE     ITLE       NAME     STREET ADDRESS       STREET ADDRESS     ITTLE       ITLE     ITLE       NAME     ITTLE       ITLE     ITTLE       NAME     ITTLE       ITTLE     IT	10.	OFFICERS AN	D DIRECTORS	11.			CHANGES TO OFF		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP T12. 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 truese empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or director to receiver or truese.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		NAME STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS	•		Change	Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 in Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE TITLE	ADDRESS a c T-ZIP ADDRESS T-ZIP ADDRESS			Change	Addition
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