

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90193 050 \*\*\*150.00

**10100801**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P95000075216**  
1. Entity Name  
**NATIONAL CREDIT**  
**LOAN SYSTEMS, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**623 Hwy 98E**  
Suite, Apt. #, etc.  
**SUITE 9**  
City & State  
**DESTIN**  
Zip  
**FL** Country  
**OKLAHOMA** Zip  
**32541** Country

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
City & State  
4. FEI Number  
**59-3344572** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**JAMES E. THOMPSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**62 COUNTRY CLUB DR E**  
City  
**DESTIN** FL Zip Code  
**32541**

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 DATE

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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	<b>PRESIDENT</b> <b>JAMES E. THOMPSON</b> <b>62 COUNTRY CLUB DR E</b> <b>DESTIN, FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.  
SIGNATURE: Date  
**4-30-03** Daytime Phone #  
**850 654 2822**

CR2E034B (12/02)