## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 15, 2001 8:00 am DOCUMENT # P98000030523 Secretary of State UNION CREDIT HOLDING, INC. 02-15-2001 90095 045 \*\*\*150.00 Principal Place of Business Mailing Address 526 MASON AVE 526 MASON AVE DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3540981 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Bartlett, Laurence H.</u> BARTLETT, LAURENCE H Street Address (P.O. Box Number is Not Acceptable) 125 NORTH RIDGEWOOD AVENUE International Speedway Blvd., Suite 201 DAYTONA BEACH FL Zip Code DávtonaBeach 32114 ristered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement SIGNATURE Signature, type TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is expible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition XX Delete TITLE XX Change TITLE Director, President, Secy VASILE, TERESA NAME Vasile, Carl 526 MASON AVE STREET ADDRESS STREET ADDRESS 526 Mason Ave. DAYTONA BEACH FL 32117 CITY-ST-7IP CITY-ST-ZIP Daytona Beach, FL 32117 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP h this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. 13. I hereby certify that the information supplied vindicated on this report or supplemental epoof the corporation or the receiver or truster changed, or on an attachment with an additional control or the changed.