

DOCUMENT # P98000039116			
1. Entity Name FLORIDA CREDIT SERVICES, INC.			
Principal Place of Business 13810 KENDALE LAKES DR. MIAMI FL 33183		Mailing Address 13810 KENDALE LAKES DR. MIAMI FL 33183-2110	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
ANDERSON, JAMES C 13810 KENDALE LAKES DR. MIAMI FL 33183		Name	
		Street Address ()	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____		(NOTE: Registered Agent signature required)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, PATRICIA 13810 KENDALE LAKES DR. MIAMI FL 33183	<input type="checkbox"/> Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, JAMES C 13810 KENDALE LAKES DR. MIAMI FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP



4. FEI Number 65-0833037	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, PATRICIA 13810 KENDALE LAKES DR. MIAMI FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDERSON, JAMES C 13810 KENDALE LAKES DR. MIAMI FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE: Patricia Anderson 3/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E (K. G. H. H.)