

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90132 044 ***150.00

DOCUMENT # P98000046277

1. Entity Name
CREDIT CARDS DIRECT, INC.



Principal Place of Business
18210 PAULSON DRIVE, #B7
PORT CHARLOTTE FL 33954

Mailing Address
18210 PAULSON DRIVE, #B7
PORT CHARLOTTE FL 33954



2. Principal Place of Business

20020 Veterans Blvd

Suite, Apt. #, etc.

21

City & State

Port Charlotte FL

Zip

33954

Country

Charlotte

3. Mailing Address

20020 Veterans Blvd

Suite, Apt. #, etc.

21

City & State

Port Charlotte FL

Zip

33954

Country

Charlotte

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0842700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUGINI, DANIEL

18210 PAULSON DRIVE, #B7
PORT CHARLOTTE FL 33954

CHANGE of ADDRESS →

Name

Street Address (P.O. Box Number is Not Acceptable)

20020 Veterans Blvd Suite 21

City

Port Charlotte

FL

Zip Code

33954

7. Name and Address of New Registered Agent

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

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

TITLE **PD** ☐ Delete
NAME **CUGINI, DANIEL**
STREET ADDRESS **18210 PAULSON DRIVE, #B7**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954** *new address →*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Cugini Daniel**
STREET ADDRESS **20020 Veterans Blvd Suite 21**
CITY-ST-ZIP **Port Charlotte FL 33954**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

941 629-9001

Daytime Phone #

CR2E034 (10/02)