

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071347

1. Entity Name

Consumer Credit Services, Inc.

Principal Place of Business

Mailing Address

5329 Emerson St. 9727 Touchton Rd. #108  
Jacksonville, FL. 32207/Jax, FL. 32246

2. Principal Place of Business

3. Mailing Address

5329 Emerson St.

9727 Touchton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#108

City & State

City & State

Jacksonville, FL.

Jacksonville, FL.

Zip

Country

Zip

Country

32207

U.S.

32246

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

James J. Hammond  
9727 Touchton Rd. #108  
Jacksonville, FL. 32246

Name

James J. Hammond

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

9727 Touchton Rd. #108

City

Jacksonville

FL

Zip Code

32246

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.

SIGNATURE

*[Signature]*

James J. Hammond President 3/5/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME President  
STREET ADDRESS James J. Hammond  
CITY-ST-ZIP 9727 Touchton Rd. #108  
Jacksonville, FL. 32246

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600004036806--4  
CITY-ST-ZIP -04/23/01--01001--003  
\*\*\*\*308.75 \*\*\*\*308.75  
☐ Change ☐ Addition

TITLE ☐ Delete  
NAME N/A  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME N/A  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME N/A  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME N/A  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME N/A  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* James J. Hammond President 3/5/01 (904) 306-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

# Consumer Credit Services, Inc.

A Consumer Credit Advocate Corporation

*JSalt*

March 5, 2001

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32314


To Whom It May Concern:

Due to Consumer Credit Services, Inc.'s registered agent recent moving and relocation during the last year, we have never received our annual reports. Moreover, all address changes were made promptly at the time of transition. It has come to our attention that our corporation has been placed in a temporary inactive status.

Consumer Credit Services, Inc. has moved several times since its time of origin. We have established a permanent place of a business. We are very apologetic for any inconvenience this may have caused.

Please find attached a completed annual report and reinstatement form along with a check for the amount of \$158.75 as instructed by your office. Please forward certificate of status to the registered agent.

Sincerely,



James J. Hammond  
President