

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2003 8:00 am
Secretary of State

09-16-2003 90005 038 ***550.00

DOCUMENT # P98000071347

1. Entity Name
CONSUMER CREDIT SERVICES, INC.



Principal Place of Business

**4417 BEACH BLVD
STE 304
JACKSONVILLE FL 32207**

Mailing Address

**9727 TOUCHTON RD
#108
JACKSONVILLE FL 32246**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3526809**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAMMOND, JAMES J
9727 TOUCHTON RD. #108
JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 **P** ☐ Delete
NAME **HAMMOND, JAMES J**
STREET ADDRESS **9727 TOUCHTON RD #108**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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

9-15-03

904-233-5626

Date

Daytime Phone #

CR2E034 (4/03)

September 15, 2003

Attachment
80148613

Florida Department of State
Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Document # P98000071347
FEI #59-3526809

Dear Sirs:

Enclosed are the 2003 for Profit Corporation Uniform Business Report and filing fee for Consumer Credit Services. James J. Hammond, the registered agent for this corporation was out of the state and not available to sign this form in order to meet the September 10th deadline. As soon as he returned I obtained his signature and submitted the forms. I apologize for the delay.

Should additional information be needed, please contact me @ (904) 421-1811 or fax @ (904) 421-1875.

Sincerely,

Gail Bowen

Gail Bowen
Administrative Assistant