

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000081699

1. Entity Name
CREDIT CARS OF COCOA, INC.

Principal Place of Business
1430 WEST KING STREET
COCOA FL 32922

Mailing Address
1430 WEST KING STREET
COCOA FL 32922

2. Principal Place of Business
600 BIRCH RIVER COURT
Suite, Apt. #, etc.
1037

3. Mailing Address
P O BOX 22445
Suite, Apt. #, etc.

City & State
CLERMONT FL
Zip Country
34711 US

City & State
KNOXVILLE TN
Zip Country
37933 US

4. FEI Number
59-3534201
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
O'DONNELL JOHN
1430 WEST KING STREET
COCOA FL 32922

7. Name and Address of New Registered Agent
Name
O'DONNELL JOHN
Street Address (P.O. Box Number is Not Acceptable)
600 BIRCH RIVER COURT
1037
City
CLERMONT FL Zip Code
34711

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 JOHN O'DONNELL 04/22/2001
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

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete	JOHN	111 ISLAND GROVE DRIVE	FL 32952
	<input type="checkbox"/> Delete			
	<input type="checkbox"/> Delete			
	<input type="checkbox"/> Delete			
	<input type="checkbox"/> Delete			
	<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	JOHN	600 BIRCH RIVER COURT	FL 34711
	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: JOHN O'DONNELL P 04/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)