2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091529

FILED
00 JUL -7 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

[redacted]

Co-Credit Finance, Inc.

Principal Place of Business

[redacted]

8391-US 19 North
Pinellas Park, FL 33781

Mailing Address

[redacted]

2. Principal Place of Business
8391-US 19 North
Suite, Apt. #, etc
Pinellas Park, FL
City & State

3. Mailing Address
6351-3rd Palm Point
Suite, Apt. #, etc
St. Pete Beach
City & State
FL

Zip	Country	Zip	Country
33781	Pinellas	33706	Pinellas

DO NOT WRITE IN THIS SPACE
05-16-00 90018 004 $150.00

4. FEI Number [redacted] 59-3539784 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Robert L. Haslett
8391 US 19 North
Pinellas Park, FL
33781

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.

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

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

NOW THE FEE IS $150.00 ... 2000 Fee will ... Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	[redacted]	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	X Change ☐ Add
NAME	Robert Haslett	
STREET ADDRESS	8391 US 19 North	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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TITLE		TS ☐ Change ☐ Add
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: Robert L Haslett, Pres. Robert L. Haslett 4/26/2000 (727)57...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone