

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096475

1. Entity Name

NATIONAL CREDIT INVESTIGATIONS, INC.

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90006 034 ***150.00

Principal Place of Business

1500 UNIVERSITY DR
#253
CORAL SPRINGS FL 33071
US

Mailing Address

1500 UNIVERSITY DR
#253
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

9353 W. SAMPLE RD.

3. Mailing Address

9353 W. Sample Rd

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

Country

33065

USA

Zip

Country

33065

USA

4. FEI Number

65-0874024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAGGIANO, ANTHONY
1500 UNIVERSITY DR
#253
CORAL SPRINGS FL 33071

Name

CAGGIANO, ANTHONY

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

9353 W. Sample Rd

203

City

CORAL SPRINGS

FL

Zip Code

33065

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

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

ANTHONY N. CAGGIANO

(NOTE: Registered Agent signature required when reinstating)

4/6/01

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	D	<input type="checkbox"/> Delete
NAME	CAGGIANO, ANTHONY N	
STREET ADDRESS	8613 NW 35TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAGGIANO, ROBERT P	
STREET ADDRESS	8613 NW 52ND PL	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert CAGGIANO

4/6/01

Date

(954) 255-6990

Daytime Phone #

CR2E034 (10/00)