

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90266 017 ***150.00

DOCUMENT # P98000096475

1. Entity Name

NATIONAL CREDIT INVESTIGATIONS, INC.

Principal Place of Business

**9353 W SAMPLE ROAD
 203
 CORAL SPRINGS FL 33065
 US**

Mailing Address

**9353 W SAMPLE ROAD
 203
 CORAL SPRINGS FL 33065
 US**

2. Principal Place of Business

8613 NW 35 ST

3. Mailing Address

8613 NW 35 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA

Zip

33065

Country

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

CAGGIANO, ANTHONY

9353 W SAMPLE ROAD.

203

CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

ANTHONY CAGGIANO

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

8613 NW 35 ST.

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 CAGGIANO

Anthony Caggiano

4/29/02

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

(NOTE: Registered Agent signature required when filing.)

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, 2002 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** ☐ Delete
 NAME **CAGGIANO, ANTHONY N**
 STREET ADDRESS **8613 NW 35TH ST.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☐ Delete
 NAME **CAGGIANO, ROBERT P**
 STREET ADDRESS **8613 NW 52ND PL.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

(954) 255-6990
 Daytime Phone #

CR2E034 (9/01)