

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005481

1. Entity Name

CONSUMER CREDIT SERVICES OF SOUTH FLORIDA, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90062 044 ***150.00

Principal Place of Business Mailing Address
 652 NORTHEAST 28TH COURT 652 NORTHEAST 28TH COURT
 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-5446

2. Principal Place of Business 3. Mailing Address
 4201 N. Federal Highway Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite E. Same

City & State City & State
 Pompano Beach, FL Same
 Zip Country Zip Country
 33064 Broward Same Same

4. FEI Number Applied For
 65-0888119 Not Applicable

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

6. Name and Address of Current Registered Agent
 SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	PSD	<input type="checkbox"/> Delete	TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KEVIN L		NAME	Thomas, Kevin L	
STREET ADDRESS	652 NORTHEAST 28TH COURT		STREET ADDRESS	4201 N. Federal Hwy	
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREVE, SCOT		NAME	Greve, Scot	
STREET ADDRESS	652 NORTHEAST 28TH COURT		STREET ADDRESS	4201 N. Federal Hwy	
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)