

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008498

1. Entity Name

CREDENTIAL INCORPORATED

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90041 017 ***150.00

Principal Place of Business

819 ALABAMA WOODS LANE
ORLANDO FL 32824

Mailing Address

819 ALABAMA WOODS LANE
ORLANDO FL 32824-8891

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558403

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

LOUDON, BRIAN
819 ALABAMA WOODS LANE
ORLANDO FL 32824

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

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, 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

TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Maureen O'Neil	
STREET ADDRESS	2371 East DANA DR.	
CITY-ST-ZIP	Deltona, FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/CEO/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory D. Barnum	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Exec. VP/CEO/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Loudon	
STREET ADDRESS	819 Alabama Woods Lane	
CITY-ST-ZIP	Orlando, FL 32824	
TITLE	Exec VP/CEO/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Muniz	
STREET ADDRESS	4641 Forrestal Avenue	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

James Muniz Director 4/15/00 407-240-6542

CR2E034 (9/99)