

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 08:00 AM****Secretary of State****DOCUMENT # P99000017880**1. Entity Name
CREDITORS LAW CENTER, INC.**Principal Place of Business**5910 BENT PINE DRIVE
UNIT 112
ORLANDO
32822

FL

Mailing Address5910 BENT PINE DRIVE
UNIT 112
ORLANDO
32822

FL

2. Principal Place of Business

5357-5 WHITE CLIFF LN.

3. Mailing Address

5357-5 WHITE CLIFF LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number**35-1905539**

Applied For

Not Applicable

Zip
32812

Country

Zip
32812

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MAPOTHER WILLIAM R
5910 BENT PINE DRIVE
UNIT 112
ORLANDO
32822

FL

7. Name and Address of New Registered Agent**Name**

MAPOTHER WILLIAM R

Street Address (P.O. Box Number is Not Acceptable)
5357-5 WHITE CLIFF LN.**City**

ORLANDO

FL

Zip Code
32812

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)

02/02/2001

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**

TITLE	D	☐ Delete
NAME	MAPOTHER WILLIAM R	
STREET ADDRESS	5910 BENT PINE DRIVE #112	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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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	D	☒ Change ☐ Addition
NAME	MAPOTHER WILLIAM R	
STREET ADDRESS	5357-5 WHITE CLIFF LN.	
CITY-ST-ZIP	ORLANDO FL 32812	
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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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: William R. Mapother

Pres

02/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)