

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037153

1. Entity Name

CONSOLIDATED CREDIT SERVICES, INC.

FILED

May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90065 008 \*\*\*150.00

Principal Place of Business

Mailing Address

6501 ARLINGTON EXPRESSWAY #B-205  
JACKSONVILLE FL 32211

6501 ARLINGTON EXPRESSWAY #B-205  
JACKSONVILLE FL 32211-5795

2. Principal Place of Business

3. Mailing Address

3107 Spring Glen Rd.  
Suite, Apt. #, etc.  
Ste 214

same  
Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

4. FEI Number

59-3446242

Applied For

Not Applicable

Zip  
32207

Country  
Duval

Zip

Country

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

BENNETT, DEWAYNE  
6501 ARLINGTON EXPRESSWAY #B-205  
JACKSONVILLE FL 32211

Name  
same

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

3107 Spring Glen Rd  
Ste 214

City  
Jacksonville

FL

Zip Code  
32207

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

*Dewayne Bennett*

2/17/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Treasurer  
Jennifer Packard  
3107 Spring Glen Rd Ste 214  
JACKSONVILLE, FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

2/17/2000

Date

904 396 9131

Daytime Phone #

CR2E034 (9/99)