

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000065790**1. Entity Name
CECREDIT.COM**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90037 003 ***158.75

004382

Principal Place of Business
**748 S EDGEMON AVE
WINTER SPRINGS FL 32708**Mailing Address
**748 S EDGEMON AVE
WINTER SPRINGS FL 32708**

DO NOT WRITE IN THIS SPACE

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 59-3599253		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VELA, FRANCIS 909 ANTELOPE TRAIL WINTER SPRINGS FL 32708		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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	P	TITLE	P
NAME	VELA, FRANCIS A	NAME	VELA, FRANCIS A.
STREET ADDRESS	7485 EDGEMON AVE	STREET ADDRESS	748 SOUTH EDGEMON AVE
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE		TITLE	V
NAME		NAME	VELA, JAMES E.
STREET ADDRESS		STREET ADDRESS	748 SOUTH EDGEMON AVE
CITY-ST-ZIP		CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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:

FRANCIS VELA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)