

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071556

1. Entity Name
RESIDENTIAL CONCEPTS CREDIT AND FINANCIAL SERVIC

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90114 041 ***158.75

Principal Place of Business
**3119 BEACH BLVD
JACKSONVILLE FL 32207**

Mailing Address
**3119 BEACH BLVD
JACKSONVILLE FL 32207**

2. Principal Place of Business
3119 Beach Blvd

3. Mailing Address
SAME

City & State
Jax, FL

City & State

4. FEI Number **59-3590586**

Applied For
☐ Not Applicable

Zip
32207

Country
USA

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

**HENRY, MOSES A JR.
8422 CAPRICORN STREET
JACKSONVILLE FL 32216**

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

4/17/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HENRY, MOSES A JR.**
STREET ADDRESS **8422 CAPRICORN STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

4/17/01

9043963541

CR2E034 (10/00)