

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082222

1. Entity Name

CREDIT BENEFIT SERVICES CORPORATION

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90128 041 ***155.00

Principal Place of Business

1540 N.W. 128 DR., #301
SUNRISE FL 33323

Mailing Address

1540 N.W. 128 DR., #301
SUNRISE FL 33323

2. Principal Place of Business

11251 HERON BAY BLVD
Suite, Apt. #, etc.
#3415

3. Mailing Address

11251 HERON BAY BLVD
Suite, Apt. #, etc.
#3415



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL
Zip
33076
Country
USA

City & State

CORAL SPRINGS, FL
Zip
33076
Country
USA

4. FEI Number

65-0950233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UGLES, RICHARD
1540 N.W. 128 DR., #301
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

RICHARD UGLES

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

11251 HERON BAY BLVD #3415

City

CORAL SPRINGS, FL

Zip Code

33076

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

Richard Ugles Richard UGLES President

4-20-2001

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	UGLES, RICHARD	
STREET ADDRESS	1540 N.W. 128 DR., #301	
CITY-ST-ZIP	SUNRISE FL 33323	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD UGLES	
STREET ADDRESS	11251 HERON BAY BLVD #3415	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
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		
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:

Richard Ugles RICHARD UGLES

Date

4-20-2001 / (954) 251-0259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)