2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P99000102435 1. Entity Name GLOBAL CREDIT REPAIR SERVICES, INC. 04-27-2000 90072 049 ***150.00 Mailing Address Principal Place of Business RASS SHOOK GLEN BRIVE CHADY CLEN DRIVE ORLANDO FL 32819 ODI ANDO FL 32818. 1:0075309 3. Mailing Address 2. Principal Place of Business PLICLIPS Blub 5/2 DAPLILIPS BIUD 1512 DR DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. 214 4. FEI Number 59-3618175 Applied For Not Applicable REANDD. LANDO \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required RANGE ORANSE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURPLY, RICHARD Street Address (P.O. Box Number is Not Acceptable) MURPHY, RICHARD D 8855 SHADY GLEN DRIVE SuitE 214 ORLANDO FL 32819 City ORLAND. 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Murphy, Richard D. & Change 17512 DR. Phillips BIVO # 214 C14 (1)(99) Change Addition TITLE 📈 Delete TITLE NAME MURPHY, RICHARD D NAME 8655 SHADY GLEN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32819 McCornick Virginia M. Bird # 214 Delete TITLE TITLE NAME MCCORMICK, VIRGINIA M NAME STREET ADORESS 8655 SHADY GLEN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO PL 32819 ☐ Addition ☐ Change ☐. Delete - ~ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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