

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:43

DOCUMENT # V16253 (9)

1. Corporation Name

UNITED CREDIT REPORTING SERVICES INC.

Principal Place of Business

Mailing Address

1761 W HILLSBORO BLVD
STE 309
DEERFIELD BCH FL 33442
US

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STE 309
DEERFIELD BCH FL 33442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1992

3a. Date of Last Report

01/19/1994

4. FEI Number

65-0313650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUORTO, GARY M.
12075 ROCKWELL WAY
BOCA RATON FL 33428

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01002 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of this Chapter 607, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of Corporation

Signature of Registered Agent or Secretary of Corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D TUORTO, GARY M.
2. STREET ADDRESS	12075 ROCKWELL WAY
3. CITY & STATE	BOCA RATON FL
4. ZIP	
5. NAME	
6. STREET ADDRESS	
7. CITY & STATE	
8. ZIP	
9. NAME	
10. STREET ADDRESS	
11. CITY & STATE	
12. ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	
16. ZIP	
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. ZIP	
21. NAME	
22. STREET ADDRESS	
23. CITY & STATE	
24. ZIP	
25. NAME	
26. STREET ADDRESS	
27. CITY & STATE	
28. ZIP	
29. NAME	
30. STREET ADDRESS	
31. CITY & STATE	
32. ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. ZIP	
6. NAME	☐ Change ☐ Addition
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. ZIP	
11. NAME	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY & STATE	
15. ZIP	
16. NAME	☐ Change ☐ Addition
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. ZIP	
21. NAME	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	
25. ZIP	
26. NAME	☐ Change ☐ Addition
27. NAME	
28. STREET ADDRESS	
29. CITY & STATE	
30. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and not qualified by the exemption stated in Section 199.032, Florida Statutes. I further certify that the information is filed for the principal report or supplementary annual report as true and accurate and that my signature shall have the same legal effect as if made in person. I am familiar with and accept the obligations of this Chapter 607, Florida Statutes, and that my name appears on Block 13 of this report as an officer or director of the corporation.

SIGNATURE: Gary M. Tuorto Gary M. Tuorto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

1/11/95

426-0700