

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90110 022 ***150.00

DOCUMENT # V32244

1. Entity Name

PREFERRED CREDIT SERVICES, INC.

Principal Place of Business

1035 EGRET CR N
 JUPITER FL 33458
 US

Mailing Address

1035 EGRET CIRCLE N.
 JUPITER FL 33458
 US

2. Principal Place of Business

243 BUTTONWOOD POINT

Suite, Apt. #, etc.

3. Mailing Address

243 BUTTONWOOD POINT

Suite, Apt. #, etc.

City & State

JUPITER, FL.

City & State

JUPITER, FL.

4. FEI Number

65-0366862

Applied For

Not Applicable

Zip

33458

Country

US

Zip

33458

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LAEHA, CHARLEEN
1035 EGRET CIRCLE N.
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name **CHARLEEN LAEHA**

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

243 BUTTONWOOD POINT

City **JUPITER**

FL

Zip Code
33458

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 **Charleen LaeHa PRESIDENT, DIRECTOR**

4-26-02

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	LAEHA, CHARLEEN	
STREET ADDRESS	1035 EGRET CIRCLE N	
CITY-ST-ZIP	JUPITER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HO, LINDSEY	
STREET ADDRESS	1035 EGRET CIR. NORTH	
CITY-ST-ZIP	JUPITER FL 33458	
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	PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLEEN LAEHA	
STREET ADDRESS	243 BUTTONWOOD POINT	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	SECRETARY TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY HO	
STREET ADDRESS	243 BUTTONWOOD POINT	
CITY-ST-ZIP	JUPITER, FL 33458	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-02 (772) 335-2990

CR2E034 (9/01)