

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91563 021 \*\*\*150.00

DOCUMENT # **159584**

1. Entity Name

TAMPA CREDIT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2333 Cypress Street

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

**642890**

DO NOT WRITE IN THIS SPACE

City & State

Tampa, Florida

City & State

4. FEI Number

59-3138479

Applied For

Not Applicable

Zip

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JACKSON, GARY

Street Address (P.O. Box Number is Not Acceptable)  
6903 North Dale Mabry Hwy.

City Tampa

FL

Zip Code  
33614

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 CH  
NAME BENTLEY, MITCH  
STREET ADDRESS 2333 W. Cypress Street  
CITY-ST-ZIP Tampa, Florida 33609

TITLE VP  
NAME JACKSON, GARY  
STREET ADDRESS 18921 St. Laurent  
CITY-ST-ZIP Lutz, Florida

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)