

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000018064

FILED
Apr 30, 2003
Secretary of State

Entity Name: ADVANCED CREDIT SERVICES, INC.

Current Principal Place of Business:

646 SE 31 TE
OCALA, FL 34471

New Principal Place of Business:

1 NE 1ST AVE
SUITE 207
OCALA, FL 34470

Current Mailing Address:

P O BOX 831553
OCALA, FL 34483

New Mailing Address:

FEI Number: 59-3712328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, STEPHEN M
646 SE 31ST TE
OCALA, FL 34471

Name and Address of New Registered Agent:

WILLIAMS, STEPHEN M
1 NE 1ST AVE
SUITE 207
OCALA, FL 34470

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: STEPHEN M. WILLIAMS

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, STEPHEN D
Address: 646 SE 31 TE
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: WILLIAMS, STEPHEN M
Address: 646 SE 31 TE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, STEPHEN D
Address: 1 NE 1ST AVE SUITE 207
City-St-Zip: OCALA, FL 34470

Title: VP (X) Change () Addition
Name: WILLIAMS, ALISSA D
Address: 1 NE 1ST AVE SUITE 207
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN M. WILLIAMS

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date