2001 UNIFORM BUSINESS REPORT (UBR)

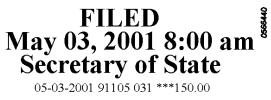
DOCUMENT #830113 1. Entity Name

UNITED COMPUCRED COLLECTIONS, INC.

Principal Place of Business 4190 HARRISON AVE CINCINNATI OH 45211

Mailing Address

4190 HARRISON AVE CINCINNATI OH 45211



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2. Principal F	Place of Business	3. Mailing Address	ailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			7		DO NOT \	WRITE IN TH	IS SPACE	
City & Star	te	City & State			4. F	El Number	31-0801	699		Applied For Not Applicable
Zip	Country	Zip	Countr		5. (Certificate of	Status Desire	ed 🗌	\$8.75 A	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. N	Name and A	ddress of Ne	w Registere	ed Agent	
MAHON, ETHEL 10909 ATLANTIC BLVD SUITE 16 JACKSONVILLE FL 32225				Name Street Address (P.O. Box Number is Not Acceptable)						
				City	- -				Zip Co	de
	e named entity submits this statement fo	r the purpose of changing its	registere	d office or regist	ered ag	ent, or both,	in the State o	of Florida.		}
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature requir	ed when re	instating)		DAT	Ē	
Tax filing requirement and elects to do so. After I			FILE NOW!!! FEE IS \$150.00 er MAY 1, 2001 Fee will be \$550.00 Check Payable to Department of Stat				on Campaigr Fund Contrib	-		00 May Be ed to Fees
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CI	ANGES TO	OFFICERS A	ND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STINEMAN, ARTHUR B 4190 HARRISON AVE CINCINNATI, OH 00000	☐ Delete		T ADDRESS ST-ZIP					☐ Change	☐ Addition {
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRINCE, THOMAS 4190 HARRISON AVE CINCINNATI, OH 00000	O HARRISON AVE		T ADDRESS ST-ZIP				interest (in the contract of t	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEETER, DENIS R 4190 HARRISON AVE CINCINNATI OH	Delete	TITLE NAME STREE CITY-	T ADDRESS					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			<u>.</u>	<u> </u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREE CITY-S	T ADDRESS					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADORESS ST-ZIP					☐ Change	☐ Addition
13. I hereby of indicated of the conchanged	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emfo or on an attachment with an address, w	this filing does not qualify for true and accurate and that m wered to execute this report a vith all other like empowered	the exem ny signatu as require	nption stated in S ire shall have the ed by Chapter 60	ection 1 same la 7, Florid	119.07(3)(i), egal effect a da Statutes;	Florida Statut s if made und and that my r	es. I further der oath; that name appear	certify that the t I am an office s in Block 11 o	information er or director or Block 12 if

Const EXVI Thomas S. / I'M & #2/04 5/3-48+ 7000
ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date