

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90226 004 ***150.00

0667902 AB

DOCUMENT # F00000003922

1. Entity Name
ASSET MANAGEMENT OUTSOURCING RECOVERIES, INC.



Principal Place of Business
7001 PEACHTREE IND. BLVD
STE. 320
NORCROSS GA 30092

Mailing Address
P. O. BOX 947
WAUKESHA WI 53187-0947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2437976

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, FRANKIE
7067 W. BROWARD AVE.
SUITE C
PLANTATION FL 33317

Name Eddy Patterson
Street Address (P.O. Box Number is Not Acceptable)
7067 W. Broward Blvd.
Suite C
City Plantation FL Zip Code 33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable.

Eddy Patterson, Director of Operations, AMO Recoveries 4/19/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PRES
STREET ADDRESS OLIVER, THOMAS
CITY-ST-ZIP 1825 BARRETT LAKES BLVD., SUITE 250 KENNESAW GA 30144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SCFO
STREET ADDRESS TSANOS, SCOTT
CITY-ST-ZIP 1825 BARRETT LAKES BLVD., SUITE 250 KENNESAW GA 30144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03
Date

770-792-3600
Daytime Phone #

CR2E034 (10/02)