

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90355 039 ***150.00

DOCUMENT # V42450

1. Entity Name
IDEAL COLLECTION SERVICES INC.

Principal Place of Business

Mailing Address

7605 GUNN HWY
 #C
 TAMPA FL 33625
 US

P.O. BOX 272407
 TAMPA FL 33688
 US

00001407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5223-A Ehrlich Rd.
 Suite, Apt. #, etc.

P.O. 272407
 Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Tampa, Florida

4. FEI Number

59-3127172

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

33624 **US**

33688 **US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOUGEROUSSE, SHELLY
7605 GUNN HWY
#C
TAMPA FL 33625

Name ~~FOUGEROUSSE, SHELLY~~ **JOHN MARRETTA**
 Street Address (P.O. Box Number is Not Acceptable)
5223-A Ehrlich Rd.
 City **Tampa** FL Zip Code **33624**

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 *Shelly Fougousse*
Signature, typed or printed name of registered agent, and title if applicable.

John Marretta
(NOTE: Registered Agent signature required when reinstating)

3/1/01
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTS	FOUGEROUSSEE, SHELLY	7605 GUNN HWY, #C	TAMPA FL	<input type="checkbox"/>
V	FOURGEROUSEE, DANIEL	7605 GUNN HWY, #C	TAMPA FL	<input type="checkbox"/>
M	MARRETTA, JOHN	7605 GUNN HWY, #C	TAMPA FL	<input type="checkbox"/>
VP	LAKE, NANCY	760 S GUNN HWY #C	TAMPA FL 33625	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Shelly Fougousse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01
Date

Daytime Phone #

CR2E034 (10/00)