

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90045 048 ***150.00

DOCUMENT # V42450

1. Entity Name
IDEAL COLLECTION SERVICES INC.

Principal Place of Business

5223 A EHRlich RD.
#C
TAMPA FL 33624
US

Mailing Address

P.O. BOX 272407
TAMPA FL 33688
US

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 **59-3127172**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHN MANNETTA
5223-A EHRlich RD.
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name **Anthony Presti**
 Street Address (P.O. Box Number is Not Acceptable)

5223-A Ehrlich Road

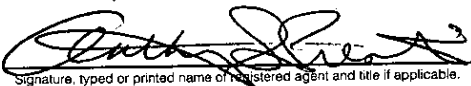
City **Tampa**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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, 2002 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 ☐ Delete
 NAME **PTS**
 STREET ADDRESS **FOUGEROUSSEE, SHELLY**
 CITY-ST-ZIP **7605 GUNN HWY, #C**
TAMPA FL

TITLE ☒ Change ☐ Addition
 NAME **S223-A Ehrlich Road**
 STREET ADDRESS **Tampa, FL 33624**
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **FOURGEROUSEE, DANIEL**
 CITY-ST-ZIP **7605 GUNN HWY, #C**
TAMPA FL

TITLE ☒ Change ☐ Addition
 NAME **S223-A Ehrlich Road**
 STREET ADDRESS **Tampa, FL 33624**
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☒ Delete
 NAME **M**
 STREET ADDRESS **MARRETTA, JOHN**
 CITY-ST-ZIP **7605 GUNN HWY, #C**
TAMPA FL

TITLE ☒ Change ☐ Addition
 NAME **S223-A Ehrlich Rd.**
 STREET ADDRESS **Tampa, FL 33624**
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☐ Delete
 NAME **Anthony Presti**
 STREET ADDRESS **S223-A Ehrlich Rd.**
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☒ Change ☒ Addition
 NAME **S223-A Ehrlich Rd**
 STREET ADDRESS **Tampa, FL 33624**
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

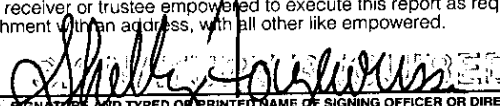
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-02 813-920-0111

CR2E034 (9/01)