2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rechanged, or on an attach

SIGNATURE:

May 01, 2002 8:00 am Secretary of State 266630 DOCUMENT # 1. Entity Name COLLECTION BUREAUS, INC. 05-01-2002 91536 034 ***150.00 Mailing Address Principal Place of Business 2876 EAST OAKLAND PARK BLVD. 2876 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 59-0995796 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RONALD J. FRANCE Street Address (P.O. Box Number is Not Acceptable) FRANCE, JOHN J. 2876 EAST OAKLAND PARK BLVD. 2876 EAST OAKLAND PARK BOULEVARD FT. LAUDERDALE FL 33306 Zip Code City 33306 FORT LAUDERDALE entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change ☐ Delete TITLE FRANCE, JOHN J. NAME NAME 5750 S.W. 9TH ST. STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME FRANCE.JEAN NAME STREET ADDRESS 5750 S.W. 9TH ST. STREET ADDRESS CITY-ST-7IP PLANTATION FL CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED