

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90039 018 ***158.75

DOCUMENT # 404521

1. Entity Name
ASSOCIATED CREDIT AND COLLECTION BUREAU, INC.

Principal Place of Business Mailing Address
975 EYSTER BLVD. 975 EYSTER BLVD.
PO BOX 560855 PO BOX 560855
ROCKLEDGE FL 32956-0855 ROCKLEDGE FL 32956-7855
US

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1413726** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DREHER, THOMAS M.
975 EYSTER BLVD.
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 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

TITLE ☐ Delete
 NAME **PSD DREHER, THOMAS**
 STREET ADDRESS **657 SPRING LAKE DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
 NAME **1561 Wilmington Dr.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PSD Dreher, Thomas**
 STREET ADDRESS **1561 Wilmington Dr.**
 CITY-ST-ZIP **Melbourne, FL 32940**

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/02 321
636-3880
 Date Daytime Phone #

05001728 AT

CR2E034 (9/01)