## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 557623 Jan 19, 2000 8:00 am Secretary of State NATIONWIDE COLLECTION SERVICE, INC. 01-19-2000 90090 031 \*\*\*150.00 Mailing Address Principal Place of Business 7606 SW 8TH COURT 7606 SW 8TH COURT N LAUDERDALE FL 33068-1321 N LAUDERDALE FL 33068 602220 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1791510 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERGER, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 7606 SW 8TH COURT N LAUDERDALE FL 33068 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. DATE Signature, typed or printed name of registered 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 Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD TITLE ☐ Addition ☐ Delete TITLE NAME NAME BERGER, JONA STREET ADDRESS STREET ADDRESS 7606 SW 8TH CT. CITY-ST-ZIP CITY-ST-ZIP N LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BERGER, STEPHEN L. STREET ADDRESS STREET ADDRESS 7606 SW 8TH CT. CITY-ST-ZIP CITY-ST-ZIP N LAUDERDALE FL Change Addition Delete TITLE TITLE BERGER, STEPHEN L. NAME NAME STREET ADDRESS STREET ADDRESS 7606 SW 8TH CT----CITY-ST-ZIP CITY-ST-ZIP N LAUDERDALE FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

1/4/00

954.722620

Daytime Phone #