

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004598

1. Entity Name
ASSET ACCEPTANCE CORP.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90200 042 ***150.00

Principal Place of Business

Mailing Address

PO BOX 2036
WARREN MI 48090-2036

PO BOX 2036
WARREN MI 48090-2036

00053463



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 38-3159471

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRO, RODOLFO J
815 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

563 LAKE KATHY DRIVE

City BRANDON

FL

Zip Code 33510

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, 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 P
NAME BRADLEY IV, NATHANIEL F
STREET ADDRESS 576 WASHINGTON
CITY-ST-ZIP GROSSE POINTE MI ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6985 MILLER RD
CITY-ST-ZIP WARREN MI 48092

TITLE T
NAME REDMAN, MARK A
STREET ADDRESS 8295 PARK DRIVE
CITY-ST-ZIP CLARKSTON MI ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6985 MILLER RD
CITY-ST-ZIP WARREN MI 48092

TITLE CD
NAME REITZEL JR, RUFUS H
STREET ADDRESS 83 SHADOW LANE
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6985 MILLER RD
CITY-ST-ZIP WARREN MI 48092

TITLE D
NAME REITZEL, HEATHER
STREET ADDRESS 83 SHADOW LANE
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6985 MILLER RD
CITY-ST-ZIP WARREN MI 48092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

MARK A. REDMAN

Date

5/10/01

Daytime Phone #

810 446-7803

CR2E034 (10/00)