

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90232 050 \*\*\*150.00

**DOCUMENT # F01000005270**

1. Entity Name  
**CAPITAL COLLECTION COMPANY**

Principal Place of Business  
**3850 FERNANDINA RD  
 COLUMBIA SC 29210**

Mailing Address  
**PO BOX 212328  
 COLUMBIA SC 29221-2328**



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 **57-1125124**

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**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKIFF, JAMES</b>	NAME	
STREET ADDRESS	<b>PO BOX 212328</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA SC</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECTON, JOHN</b>	NAME	
STREET ADDRESS	<b>PO BOX 212328</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA SC</b>	CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, HINTON</b>	NAME	
STREET ADDRESS	<b>PO BOX 212328</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA SC</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRINDSTAFF, JACK</b>	NAME	
STREET ADDRESS	<b>PO BOX 212328</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA SC</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAUGHTER, PATRICK</b>	NAME	
STREET ADDRESS	<b>PO BOX 212328</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA SC</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

**7/3/02** **803-731-**  
**7728 X284**  
 Date Daytime Phone #

CR2E034 (4/02)



**Capital Collection Services, Inc.**

PO Box 212328, Columbia, SC 29221-2328

Attachment  
Document #

F0100000-  
5270

B0127151

July 3, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Capital Collection Company did not receive the prior notice requesting the Uniform Business Report. I have completed it today (original filing fee of \$150.00 enclosed) and respectfully ask that the late charge be waived. We have noted our records to insure timely filing in the future.

If you require any other information you can contact me at 800-262-0029. Thank you for your consideration in this matter.

Sincerely,

Patrick Naughter  
Treasurer

**"Providing Collection Solutions"**

TELEPHONE (803) 239-3328

FACSIMILE (803) 239-3330