2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001617

1. Entity Name

COLLECTECH SYSTEMS, INC.

FILED Jan 25, 2000 8:00 am Secretary of State

01-25-2000 90094 039 ***150.00

						01-25-2000 90094 039	150.00	
Principal Place	e of Business	Mailing Address			•			
3111 SOUTH DIXIE HIGHWAY SUITE 101B WEST PALM BEACH FL 33405 US		3111 SOUTH DIXIE HIGHWAY SUITE 101B WEST PALM BEACH FL 33405-1557 US			FANTA ME UNIT UNIT UNIT UNIT UNIT UNIT UNIT UNIT			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	9	City & State			4. F	95-4135795		Applied For
Zip Country		Zip Country			5 . C	Certificate of Status Desired	\$8.75 Ac	dditional
	6. Name and Address of Current F	Registered Agent			7. N	ame and Address of New Register	ed Agent	
			Name	e			_ =	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
PLAN	ITATION FL 33324		}	•				
			City		.		Zip Co	de
		the suppose of above is a line and	ristored office					
8. The above	named entity submits this statement for	the purpose of changing its reg	gisterea onice	e or register	eo age	ent, or both, in the state of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Re	egistered Agent sig	anature required	when re	nstating) DA	re	
	organization, typica of printed traping of regional and							
	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! After MAY 1, 2000	•		f	10. Election Campaign Financing		00 May Be
_	ia on back)	Make Check Payable		•	te	Trust Fund Contribution.	☐ Adde	ed to Fees
11.	OFFICERS AND I	DIRECTORS	12.		 ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	AS IN 11
TITLE	CD	☐ Delete	TITLE	P			Change	·
NAME	SCHULTZ, RICHARD		NAME	HAYN	ES.	DAVID		
STREET ADDRESS	2500 CORP EXCHANGE DR		STREET ADDRES			edar Valley Drive		
CITY-ST-ZIP	COLUMBUS OH 43231		CITY-ST-ZIP	West	<u>lake</u>	Village, DA 91362		
TITLE	PD	XX Delete	TITLE	V			☐ Change	5
NAME	MCFARLAND, KEITH	•	NAME	I .		RICHARD C. JR.		
STREET ADDRESS	31229 CEDAR VALLEY DR		STREET ADDRES CITY-ST-ZIP			porate Exchange Dr.		
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91362			Colu	mbus	s, OH 43231		
TITLE	. To _monnett, Kenneth	Delete	TITLE	D ETCH	CI	מ עם זואגנ	☐ Change	oitibbA 🖈
NAME STREET ADDRESS	2500 CORP EXCHANGE DR	ريت سره سر	NAME STREET ADDRES			ANLEY R. porate Exchange Dr.		
CITY-ST-ZIP	COLUMBUS OH 43231		CITY-ST-ZIP	1200		on 43231		
TITLE	★Asst. S/T	☐ Delete	TITLE	Asst	_	-	☐ Change	⊁ Additic
NAME	PALATAS, GARY		NAME	1	•	LLIAM J.		
STREET ADDRESS	31229 CEDAR VALLEY DR		STREET ADDRES	ce I		porate Exchange Dr.		
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91362	· ·	CITY-ST-ZIP	Colu	mbus	он 43231		
TITLE	D DOWN BY	XX Delete	TITLE	DEME	TNI T	NIT CHOT AC	☐ Change	≯∑ Additic
NAME	VICTOR RINALDI		NAME OTREET APPROFE			NICHOLAS		
STREET ADDRESS CITY-ST-ZIP	3665 PASEO DE NUBLADO		STREET ADDRES GITY-ST-ZIP			porate Exchange Dr. , OH 43231		
	THOUSAND OAKS CA					o, On 43231	Change	Additic
TITLE NAME	PHILLIPS, ROBERT	x∑x :Delete	TITLE NAME	Asst		COUNT M	— change	XX vocation
STREET ADDRESS	16726 CLEARY CIRCLE		STREET ADDRE			OHN M. Dixie Highway, #101		
CITY-ST-ZIP	DALLAS TX 75248		CITY-ST-ZIP	PTTT		m Beach, FL 33405	•	
13. I hereby o	ertify that the information supplied with	this filing does not qualify for th	e exemption	stated in Se	ection 1	119.07(3)(i), Florida Statutes. I further	certify that the	information

13. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 19.07(3)(), Florida Statutes. Florine 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 office 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

S61 671-2133

Daytime