

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005632

1. Entity Name

COLLECTIONS UNLIMITED OF WISCONSIN, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90320 020 ***150.00

Principal Place of Business

Mailing Address

401-A PILOT COURT
WAUKESHA WI 53188

401-A PILOT COURT
WAUKESHA WI 53188-2439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 39-1235349

Applied For

Not Applicable

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

GENERAL ACCOUNT SERVICE, INC.
% BELLE DABACH
5701 HOLLYWOOD BLVD., SUITE A
HOLLYWOOD FL 33021

Name Nationwide Recovery Service, Inc.
Street Address (P.O. Box Number is Not Acceptable)
c/o Joe Smith
7067 W. Broward Blvd., Ste. C
City Plantation FL Zip Code 33317

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

Joseph P. Schulte, Vice President.

4/26/00

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, 2000 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 ☐ Delete
NAME **CEO**
STREET ADDRESS **SHELTON, GREGORY M**
CITY-ST-ZIP **6136 KENBROOK DR**
ATLANTA GA 30339

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SCHULTE, DANIEL A**
CITY-ST-ZIP **394 W. WALNUT AVE.**
DES PLAINES IL 60016

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS W263N2338 Wilderness Way
CITY-ST-ZIP Pewaukee, WI 53072

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WHALEN, JAMES F**
CITY-ST-ZIP **1323 WELLINGTON VIEW PL**
WILDWOOD MO 63005

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

D. Schulte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000 262 5448700

Date

Daytime Phone #

X123

CR2E034 (9/99)