

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000596

1. Entity Name

AMERICAN ROAD COLLECTION, INC.

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90167 002 \*\*\*150.00

Principal Place of Business

Mailing Address

25 CIRCUIT AVE EXT  
PO BOX 3304  
OAK BLUFFS MA 02557

25 CIRCUIT AVE EXT  
PO BOX 3304  
OAK BLUFFS MA 02557-3304

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

04-3342178

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

WALLACE, MICHAEL  
3901 NW 28TH ST  
MIAMI FL 33142

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.

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, 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 DCVT  
NAME WALLACE, MICHAEL R  
STREET ADDRESS NEWTON AVE, BOX 3047  
CITY-ST-ZIP OAK BLUFFS MA 02557

TITLE VOT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME WALLACE, MICHAEL R  
STREET ADDRESS NEWTON AVE, BOX 3047  
CITY-ST-ZIP OAK BLUFFS MA 02557

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DCV  
NAME WALLACE, MARK K  
STREET ADDRESS 25 CIRCUIT AVE EXT, BOX 2057  
CITY-ST-ZIP OAK BLUFFS MA 02557

TITLE PDC  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

Date

Daytime Phone #

CR2E034 9/99